



GOVERNMENT OF
WESTERN AUSTRALIA



Health and Disability Services
Complaints Office

2019-20

Annual Report

Supporting improvement through complaint resolution



Health and Disability Services
Complaints Office

Hon Roger Cook MLA
Deputy Premier; Minister for Health; Mental Health
13th Floor, Dumas House
2 Havelock Street
WEST PERTH WA 6005

In accordance with section 63 of the *Financial Management Act 2006*, I hereby submit for your information and presentation to Parliament, the Annual Report of the Health and Disability Services Complaints Office for the financial year ended 30 June 2020. The Annual Report has been prepared in accordance with the provisions of the *Financial Management Act 2006*.

Yours sincerely



SARAH COWIE
DIRECTOR
15 September 2020

Introduction

Welcome to the Health and Disability Services Complaints Office (HaDSCO) 2019-20 Annual Report

The Annual Report provides an overview of the work undertaken by the Office in the resolution of complaints about health, disability and mental health services provided in Western Australia and the Indian Ocean Territories. The report also details the work undertaken in educating and training in the prevention and resolution of complaints, together with the audited financial statements; details of the Office's performance against Key Performance Indicators; significant issues impacting on the Office and disclosures and legal compliance.

The sections of this Annual Report are structured around the four strategic goals: complaints; educate and train; respond to changing environment; and governance.

Section 1 Office Overview of the report includes the performance management framework, legislation, organisational structure and strategic goals.

Section 2 Office Performance provides information on complaints managed by HaDSCO over the financial year, and data collected from prescribed public, private and not-for-profit health service and disability service providers. The educate and train information reflects on the work carried out under HaDSCO's Stakeholder Engagement Strategy to promote the prevention and resolution of complaints.

Section 3 Significant Issues and Trends includes details about the significant issues and trends impacting the Office.

Section 4 Governance includes the Financial Statements and Reports for the 2019-20 financial year, together with the Key Performance Indicators and other legal requirements.

Further information about HaDSCO's services can be found at www.hadsco.wa.gov.au.

About this report

This report has been prepared in accordance with the Annual Reporting Guidelines 2019-20, as well as HaDSCO's Disability Access and Inclusion Plan (DAIP). It was created using in-house staff resources. The report is available in printable and electronic viewing formats to optimise accessibility and ease of navigation. It can also be downloaded from HaDSCO's website at www.hadsco.wa.gov.au.

On request, this report can be made available in alternative formats to meet the needs of people with disability. Requests to reproduce any content from this report should be directed to the Communications and Engagement Officer on (08) 6551 7620 or by email at mail@hadsco.wa.gov.au. When reproduced, content must not be altered in any way and acknowledgements must be appropriately made.

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Picture: Albert Facey House looking towards Yagan Square
HaDSCO offices are on Level 2, Albert Facey House, 469 Wellington Street, Perth

1.1 From the HaDSCO Director

I am very proud of the achievements made by the Office in 2019-20 to improve health, disability and mental health services through complaint resolution, community engagement and education and training in the prevention and resolution of complaints.

While the Office has been impacted by the COVID-19 pandemic, business continuity arrangements resulted in minimal impact on services and strong governance and accountability were maintained. Staff developed a COVIDSafe Roadmap to enable agile and responsive service delivery while maintaining a safe work environment for employees. This enabled the refinement of business processes and implementation of innovative solutions which will bring long term benefits for our stakeholders.

There were no disruptions to our complaints resolution function and HaDSCO met or exceeded all Key Performance Indicator targets for complaints, which is a credit to the staff who were operating in uncharted times. There were 297 redress outcomes achieved for individuals who brought their complaints to HaDSCO, which represents a 58% increase compared with 2018-19. There were also 53 service improvements implemented through our complaints process, a 66% increase compared with 2018-19. I appreciate the willingness of service providers to participate in HaDSCO's complaints resolution process to identify redress opportunities and system improvements.

The Office received 161 complaints specifically about COVID-19 matters between 26 February 2020 and 30 June 2020, representing 17% of complaints over this period. The Office played an important role enabling members of the community to raise specific issues about service provision during the pandemic. I was pleased that the Office was able to make arrangements with service providers to streamline complaint resolution processes to minimise impact on their service delivery during the pandemic.

The Office connected with the Western Australian community on many occasions through stakeholder engagement and outreach, including in collaboration with other accountability agencies and State Government departments. This included regional visits and metropolitan outreach with diverse community groups. The Office collaborated with Linkwest to present information to regional Community Resource Centres through video link which enabled significant outreach to non-metropolitan areas. The arrangement with Linkwest enabled HaDSCO to further engage with the regions during the pandemic.



During the year, the Office continued to contribute to reform initiatives across the health, disability and mental health sectors at both a State and National level to support improvements in these sectors.

On 21 May 2020, the Minister for Environment; Disability Services; Electoral Affairs announced that Western Australia and the Commonwealth had agreed to defer the transition of the National Disability Insurance Scheme (NDIS) quality and safeguarding functions to the NDIS Quality and Safeguards Commission to 1 December 2020. During the year, the Office continued to implement a range of initiatives in preparation for transition. As a member of the NDIS Interface Steering Committee, the Office continued to contribute to the sector wide work program to ensure a co-ordinated and consistent whole-of-government approach to support Western Australians with disability.

For both the health and mental health jurisdictions, HaDSCO continued to recognise and promote the enduring strategies in the Sustainable Health Review (SHR) Final Report. Access to person-centred services is a primary consideration when dealing with complaints. The enduring strategy covering great beginnings and a dignified end of life is particularly relevant with the passage of the voluntary assisted dying legislation through the State Parliament in December 2019. Following the commencement of the *Voluntary Assisted Dying Act 2019* which is expected in mid-2021, HaDSCO will be able to receive complaints about the voluntary assisted dying process. Complaints about end of life care are an important area of work for the Office where HaDSCO staff add value by facilitating complaint resolution and the identification of service improvements.

Consistent with the SHR's recommendation focussing on workforce capability, the Office collaborated with Edith Cowan University to develop an on-line learning video for undergraduate nurses and midwives. The video included information about learning from complaints to educate practitioners at the earliest stages of their careers about the benefits of patient-centred care and communication. In addition, a number of complaints were used as de-identified case studies by service providers for education and training to strengthen workforce capability. The Office also shared de-identified data about complaint trends to assist providers to identify safety and quality improvements.

Improving mental health outcomes continues to be a focus. Complaints about mental health services continue to increase. In 2019-20, HaDSCO received the highest volume of complaints about these services since the implementation of the *Mental Health Act 2014*. Since 2014-15, there has been a 36% increase in complaints.

The Office continued to strengthen governance measures during 2019-20. The Office received approval from the Treasurer; Minister for Finance; Aboriginal Affairs; Lands to become a Budget Paper 2 agency and will receive a direct service appropriation for 2020-21. The Office also established an Internal Audit Committee, which was further strengthened in response to the update to the *Treasurer's Instruction 1201 Internal Audit*. These initiatives collectively demonstrate an ongoing commitment to strong governance, accountability and transparency in service delivery.

These achievements and others highlighted in this report provide benefits for individuals who contact our Office, for those who provide health, disability and mental health services, as well as the Western Australian community more broadly.

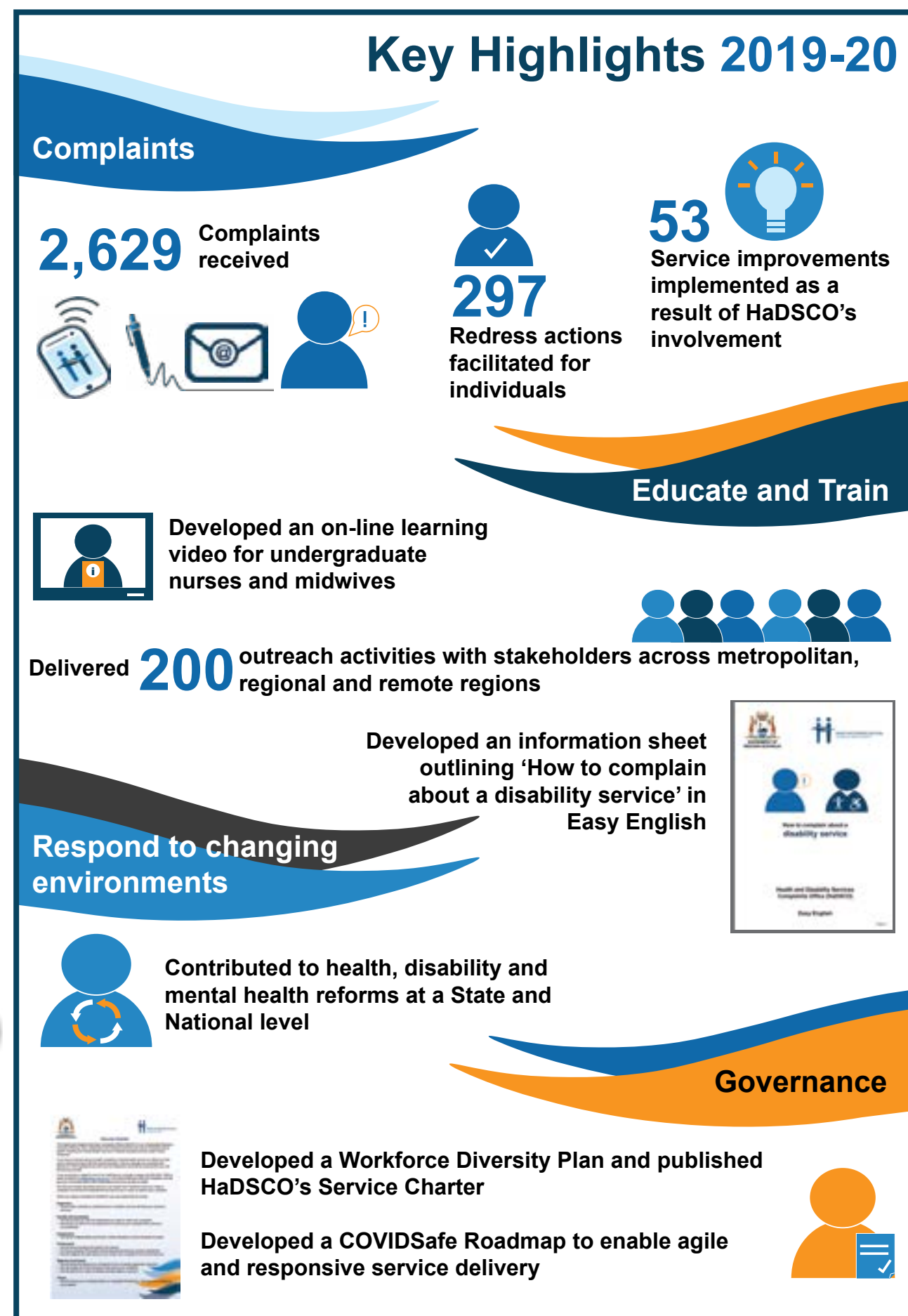
My sincere thanks to my staff and to those who engaged with the Office during 2019-20 to improve outcomes for individuals who access health, disability and mental health services.



SARAH COWIE
DIRECTOR



1.2 Key highlights 2019-20



1.3 Who we are

The Health and Disability Services Complaints Office (HaDSCO) is an independent Statutory Authority providing an impartial resolution service for complaints relating to health, disability and mental health services in Western Australia and the Indian Ocean Territories, covering the public, private and not-for-profit sectors, and prison health services.

Functions

The functions of HaDSCO are set out in the governing legislation; the *Health and Disability Services (Complaints) Act 1995*, Part 6 of the *Disability Services Act 1993* and Part 19 of the *Mental Health Act 2014*. HaDSCO's main functions under these Acts are to:

- Deal with complaints by negotiated settlement, conciliation or investigation.
- Review and identify the causes of complaints.
- Provide advice and make recommendations for service improvement.
- Educate the community and service providers about complaint handling.
- Inquire into broader issues of health, disability and mental health care arising from complaints received.
- Work in collaboration with the community and service providers to improve health, disability and mental health services.
- Publish the work of the Office.
- Perform any other function conferred on the Director by the *Health and Disability Services (Complaints) Act 1995* or another written law.



HaDSCO is responsible to the **Deputy Premier; Minister for Health; Mental Health;**
Honourable Roger Cook MLA

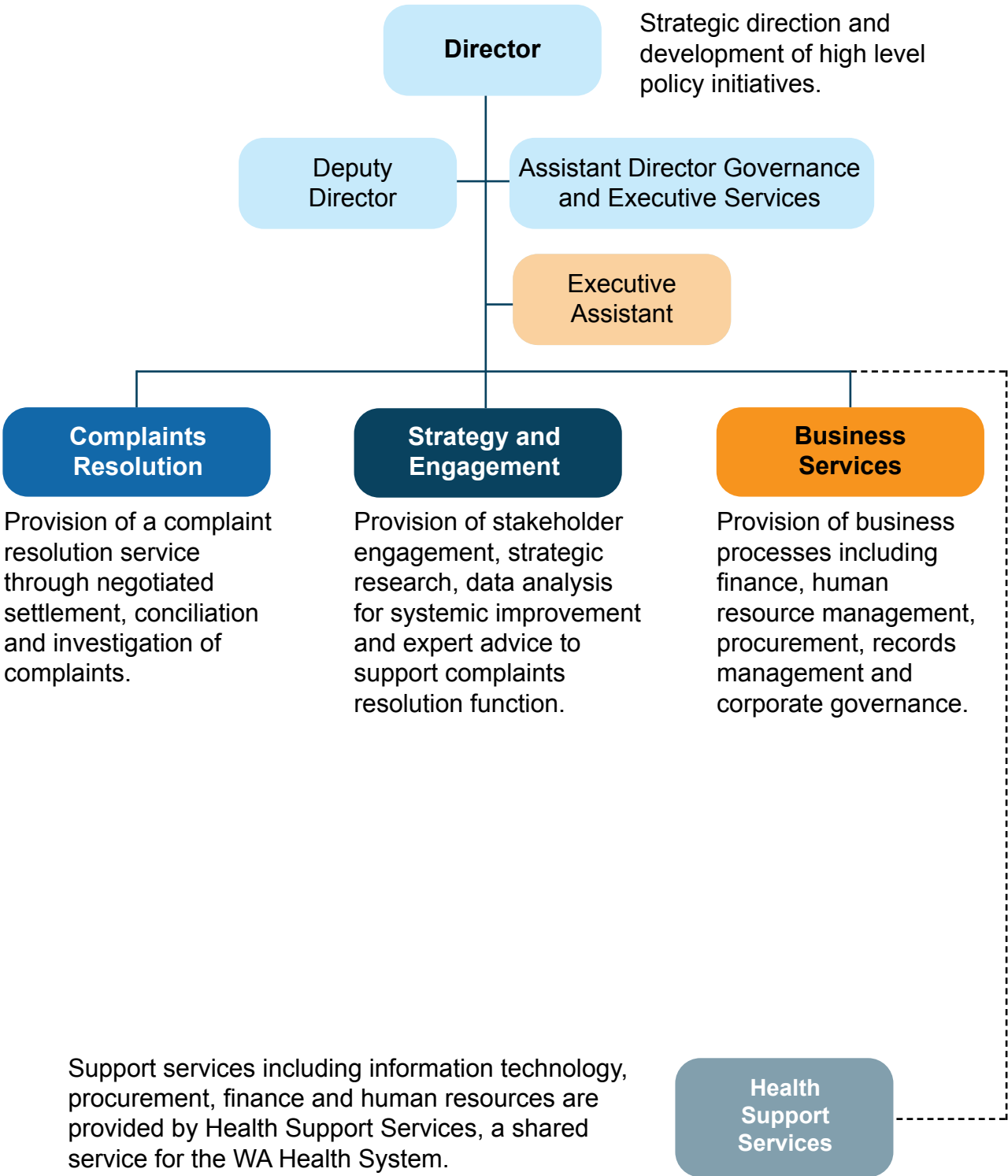
Other key compliance legislation:

Auditor General Act 2006
Electoral Act 1907
Equal Opportunity Act 1984
Financial Management Act 2006
Freedom of Information Act 1992
Health Practitioner Regulation National Law (WA) Act 2010
Industrial Relations Act 1979
Occupational Safety and Health Act 1984
Public Sector Management Act 1994
Salaries and Allowances Act 1975
State Records Act 2000
State Supply Commission Act 1991

The Health and Disability Services Complaints Office was established in 1996 and, until November 2010, it was known as the Office of Health Review.

The name was changed following amendments to the *Health and Disability Services (Complaints) Act 1995*, and the *Disability Services Act 1993*.

1.4 Organisational structure



1.5 Performance Management Framework

HaDSCO operates within the following Performance Management Framework to achieve services and outcomes in the context of the wider Government goal of Strong Communities: Safe communities and supported families.

Government Goal Strong communities: Safe communities and supported families			
Outcome	Services	Key Effectiveness Indicator	Key Efficiency Indicator
Improvement in the delivery of health and disability services.	Service One Assessment, negotiated settlement, conciliation and investigation of complaints.	Proportion of recommendations resulting in implementation by providers.	1.1 Percentage of complaints closed within legislation time frames.
	Service Two Education and training in the prevention and resolution of complaints.		1.2 Average cost per finalised complaint.
			2.1 Average cost per presentation, awareness raising, consultation and networking activities.

1.6 Strategic direction

HaDSCO's Strategic Plan 2017-21 sets out the Office's Vision, Mission and Values (see below). The plan also sets out four strategic areas: Complaints, Educate and Train, Respond to Changing Environments and Governance (see opposite page).

Our Vision

Supporting improvements to health, disability and mental health services for Western Australia and the Indian Ocean Territories through complaint resolution

Our Mission

Improvement in the delivery of health and disability services through our two service areas:

Service One

Assessment, negotiated settlement, conciliation and investigation of complaints

Service Two

Education and training in the prevention and resolution of complaints

Our Values

In all our operations and relationships we value:

Honesty

We act with honesty and integrity, providing an impartial complaints resolution service about health, disability and mental health services, and in providing programs to educate and train in the prevention and resolution of complaints

Accountability

We are accountable for our actions and deliver our services within a sound governance framework

Dedication

We provide our services with dedication and commitment ensuring we meet the needs of the public, Ministers, service providers and other external stakeholders

Supportive

We work together as a team and are supportive of our colleagues in the workplace

Confidentiality

We treat information received with confidentiality and comply with the provisions of our guiding legislation

Objectivity

We work in an independent Statutory Authority and undertake our work with objectivity and impartiality

Complaints

Receive, Resolve, Reform

Manage complaints in a professional, impartial, confidential and efficient manner with quality outcomes

- We ensure our services are accessible to all individuals who wish to make complaints about services provided by the health, disability and mental health sectors.
- We provide an impartial, efficient and high quality complaints service to resolve individual complaints through complaint assessment, negotiated settlement, conciliation and investigation.
- We work with the relevant parties to facilitate redress where appropriate and to identify systemic improvement.

Educate and Train

Engage, Evaluate, Educate

Inform, educate and empower the community and service providers to prevent complaints

- We contribute towards keeping communities well informed about complaints resolution processes across the health, disability and mental health sectors.
- We monitor and evaluate systemic trends in our complaints to inform opportunities for improvement, including through engagement and education.
- We provide guidance to service providers to assist in the development of appropriate internal complaints management systems that are 'fit for purpose'.

Respond to Changing Environments

Review, Respond, Redefine

Respond appropriately to our changing environment

- We work with internal and external stakeholders to identify and evaluate emerging issues.
- We embrace and manage change in a work environment that is flexible and innovative in service design.
- We adapt our service delivery to meet the changing needs of stakeholders.

Governance

Cooperate, Comply, Communicate

Deliver our services within a sound governance framework

- We operate in accordance with high level ethical principles, abide by all public sector requirements and are respected for our integrity.
- We attract, develop and retain a skilled workforce with a culture which supports team work, professionalism, impartiality and responsiveness.
- We demonstrate our accountability to stakeholders by providing access to the principles, policies and procedures that govern our operations, and detail our commitment to them.

Office Performance

Complaints

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2.1 Introduction

This section provides a report on outcomes achieved under the two strategic focus areas of:

1. Complaints

Aligned to HaDSCO's Service One: Assessment, negotiated settlement, conciliation and investigation of complaints.

2. Educate and train

Aligned to HaDSCO's Service Two: Education and training in the prevention and resolution of complaints.

Complaints

The following sub-section provides an overview of the complaint resolution process and the number of complaints received and closed, aligned with service one. Information is also included on the outcomes achieved for individuals who made complaints and the service improvements arising from the resolution process.

Information is provided on three sets of complaints data:

- **HaDSCO's complaints data.** This relates to the complaints data received directly by HaDSCO about health, disability and mental health service providers.
- **External complaints data.** This relates to the complaints data collected annually by HaDSCO from prescribed service providers as part of data collection programs.
- **HaDSCO's COVID-19 related complaints data.** This relates to the complaints data received directly by HaDSCO about COVID-19 matters.

Case Study

Case studies have been included in this section to illustrate the nature of the complaints the Office receives, the outcomes achieved for individuals and the service improvements for future service delivery.

Case studies have been included with the permission of the individual who made the complaint and the service provider involved.

The case studies demonstrate that from one complaint, there can be redress for the individual and system changes to improve service delivery for many others.



2.2 Key highlights - HaDSCO data



- 2,629 complaints received and 2,641 complaints closed.
- 161 COVID-19 complaints received from 26 February to 30 June 2020 representing 17% of complaints received during this period.
- Exceeded forecasted target for complaint assessment within 28 days; met forecasted target for assessment within 56 days; and met forecasted target for notification to providers.
- 53 service improvements implemented and 297 redress outcomes achieved.



Health

- 1,768 complaints received about health services and 1,787 complaints closed.
- Majority of complaints were made by the individual who received the service.
- Complaint issues typically concerned treatment, communication and information, fees and costs, service access and medication.
- The highest proportion of complaints concerned general practices/practitioners, prison health services and dental health services.



Disability

- 116 complaints received about disability services and 111 complaints closed.
- Majority of complaints were made by a representative on behalf of the individual who received the service.
- Complaint issues typically concerned service delivery, service management, and service costs and financial assistance.
- The highest proportion of complaints concerned in-home support, therapy and grants.



Mental Health

- 386 complaints received about mental health services and 384 complaints closed.
- Majority of complaints were made by the individual who received the service.
- Complaint issues typically concerned quality of clinical care, communication, and rights, respect and dignity.
- The highest proportion of complaints concerned psychiatrists/psychiatry, community mental health and psychologist/psychotherapist services.

Key highlights - external complaints data



- Health, disability and mental health prescribed providers resolved at least 67% of complaints received in 30 days or less.
- Health, disability and mental health prescribed providers resolved at least 80% of complaints in 60 days or less.
- Common outcomes achieved across all providers were an apology or explanation provided.



Health

- 6,622 complaints received about health services.
- Majority of complaints were made by a representative who received the service.
- Complaint issues typically concerned quality of clinical care, communication, access, and rights, respect and dignity.
- Most common outcomes were apology or explanation provided.



Disability

- 628 complaints received about disability services.
- Majority of complaints were made by a representative acting on behalf of the individual who received the service.
- Complaint issues typically concerned staff related issues, service delivery, management and quality, and communication/relationships.
- Most common outcomes were acknowledgement of a person's views or issues, an explanation or information about services provided, or an apology.



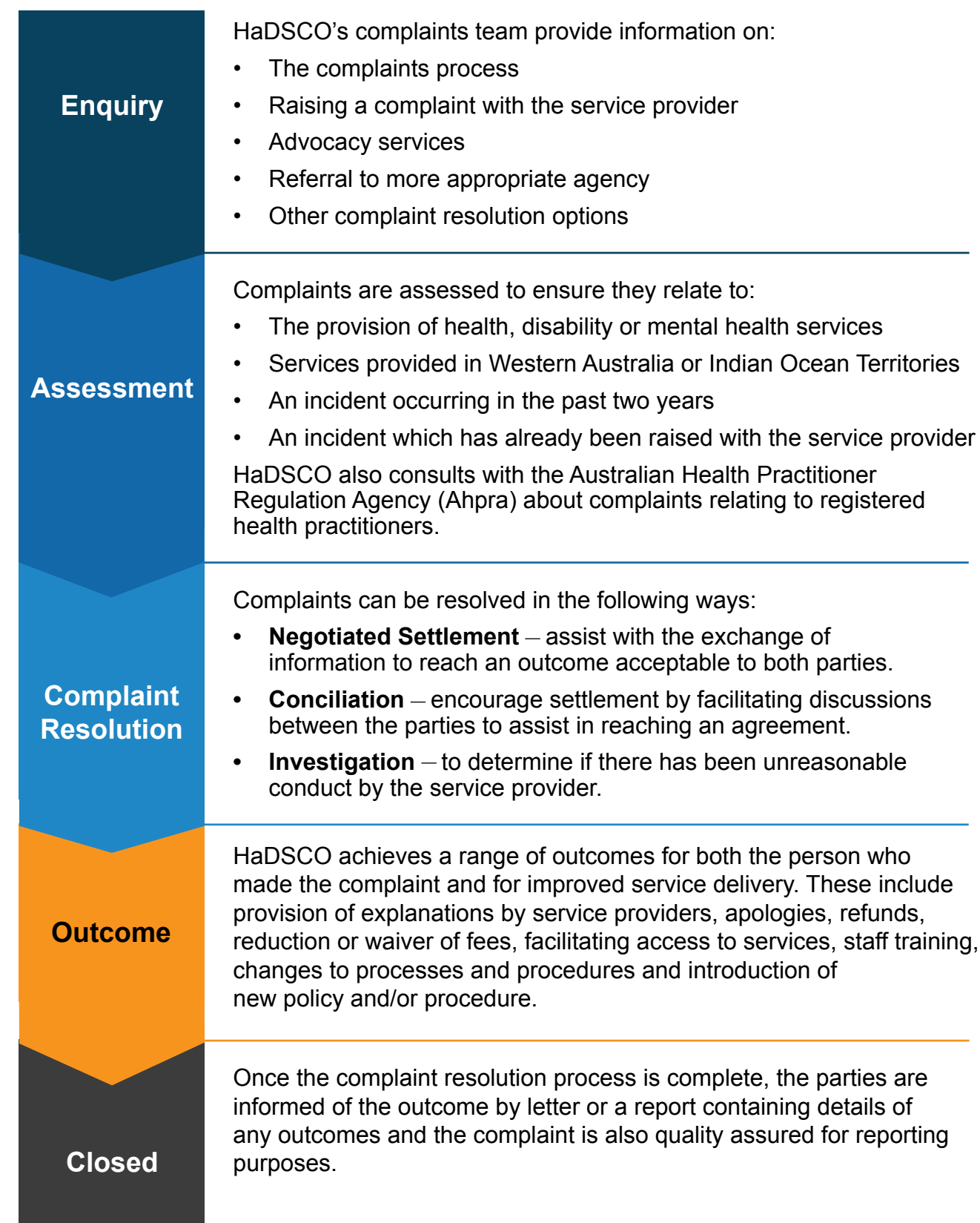
Mental Health

- 393 complaints received about mental health services.
- Just over half of the complaints were made by a representative on behalf of the individual who received the service.
- Complaint issues typically concerned quality of clinical care, communication, and rights, respect and dignity.
- Most common outcomes were an apology or explanation provided, or concern registered.

2.3 Complaints resolution process

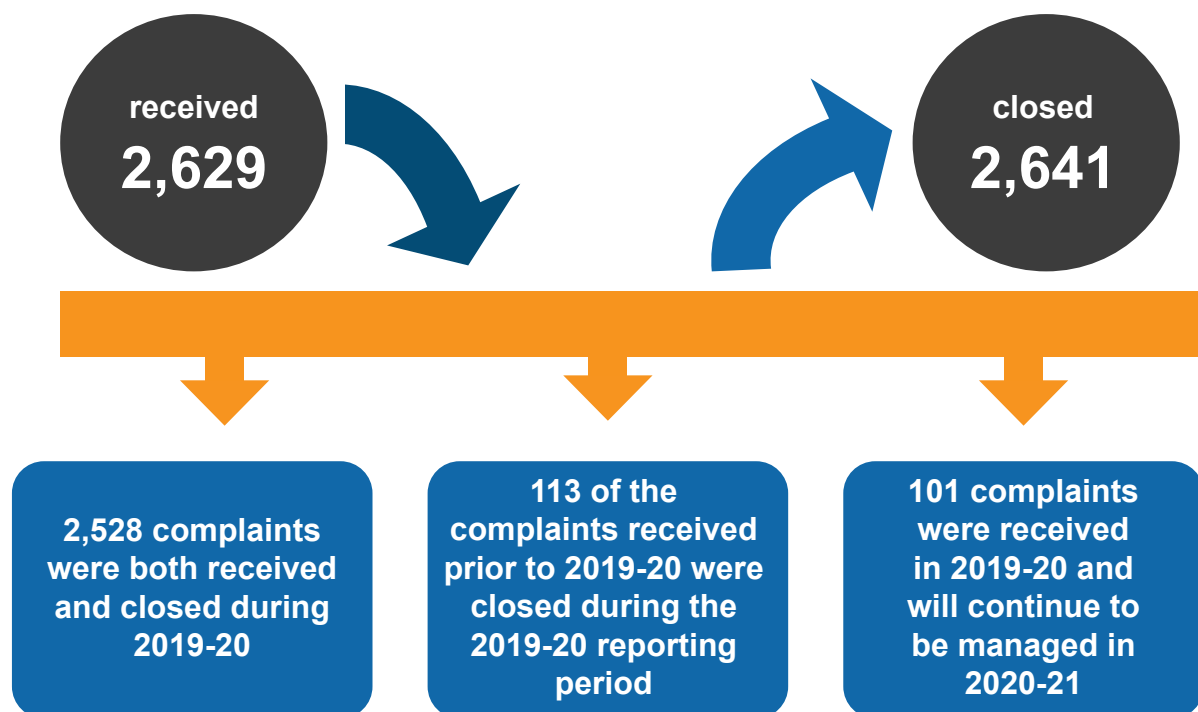
HaDSCO takes a resolution based approach to managing complaints. The focus is to resolve complaints as informally as possible and in the most timely and efficient manner, resulting in quality outcomes.

The stages in the complaints resolution process are represented below.

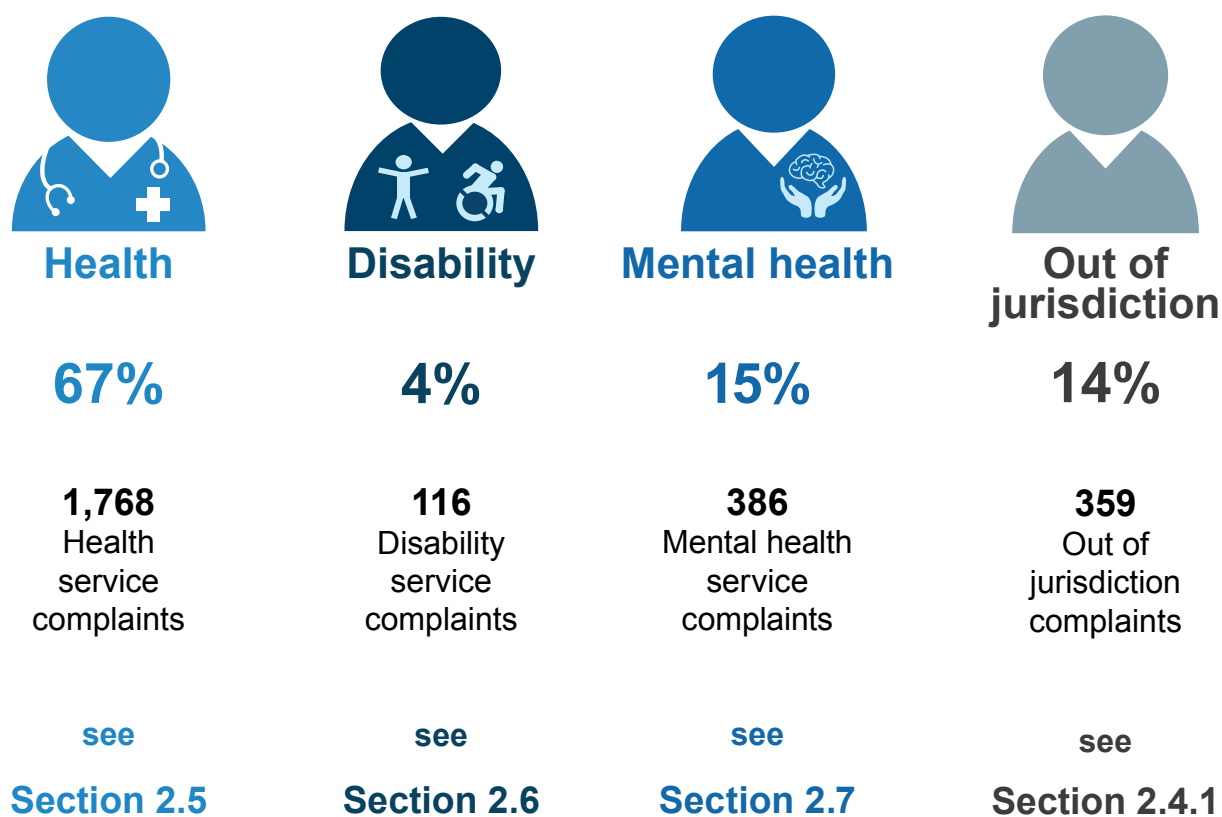


2.4 Overview of complaints

In 2019-20, HaDSCO received 2,629 complaints and closed 2,641 complaints. The following diagram details the breakdown of complaints received and closed.

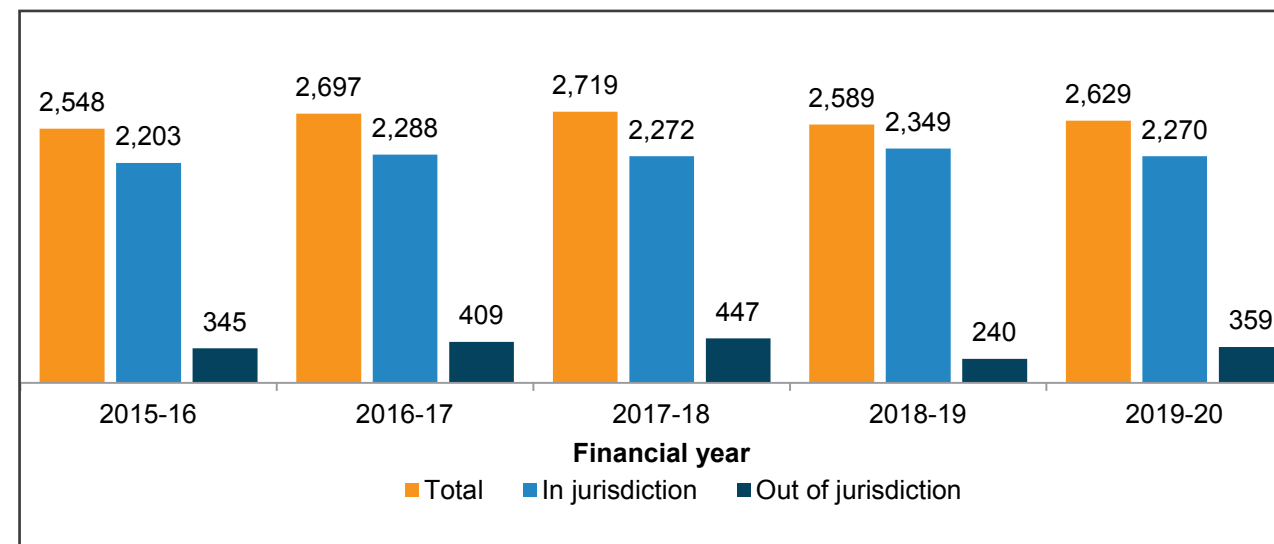


A breakdown of the types of complaints received is shown below:



The total number of complaints received in 2019-20 was 2,629 which represents a 1.5% increase relative to 2018-19, as shown in Figure 1.

Figure 1: Complaints received between 2015-16 and 2019-20



2.4.1 Out of jurisdiction

HaDSCO also receives complaints that are out of jurisdiction; these are complaints that do not relate to the provision of health, disability or mental health services in Western Australia or the Indian Ocean Territories. In these circumstances, HaDSCO staff provide information regarding an alternative agency that may assist the individual with their concerns. If appropriate, staff also provide information about the support available to assist the individual, such as advocacy or legal services.

2.4.2 Awareness of HaDSCO

There are a number of ways that people become aware of HaDSCO, as detailed in Figure 2 below.

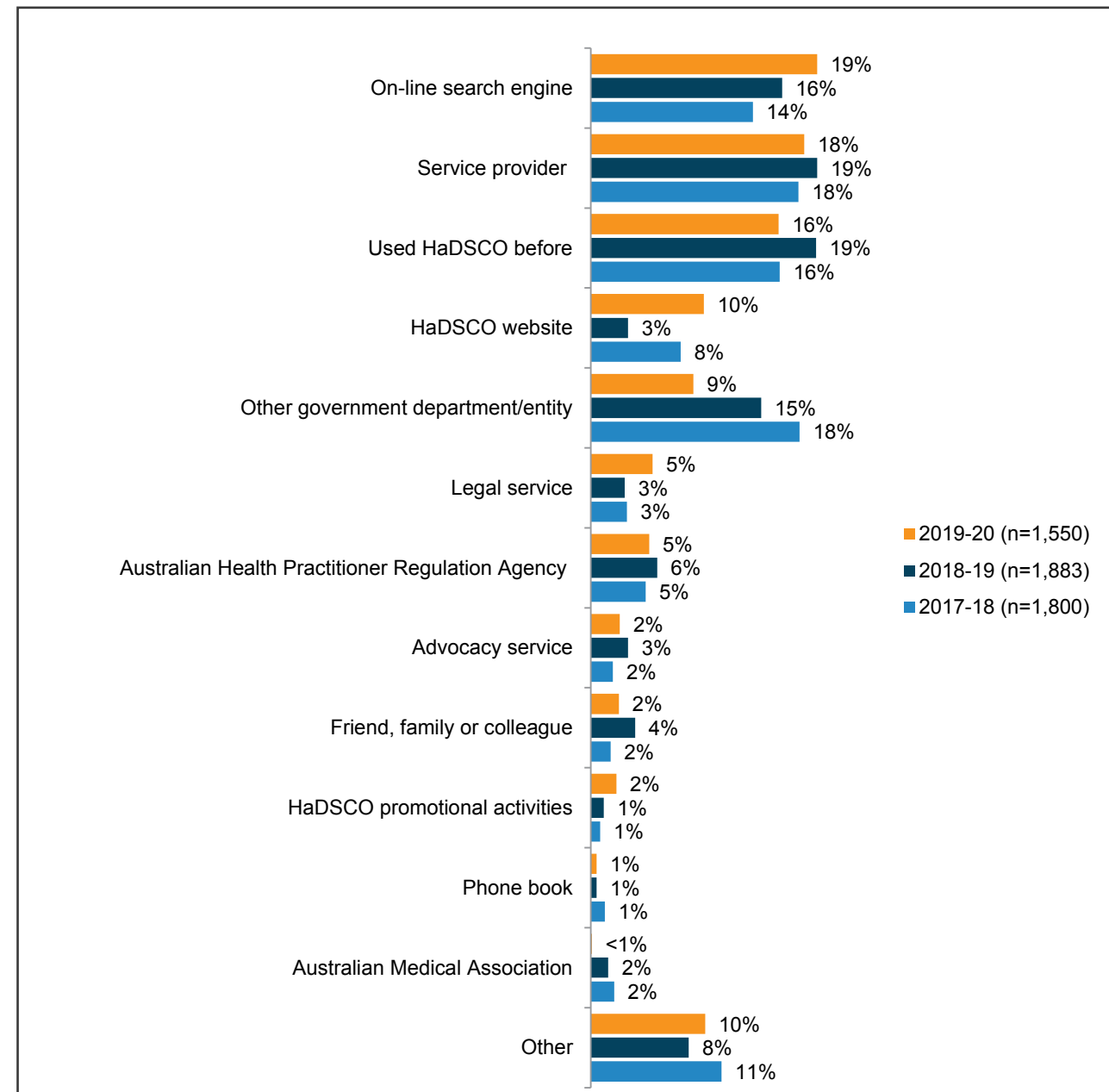
Individuals typically become aware of HaDSCO in one of two ways:

- They use an on-line search engine or visit the Office's website.
- They are referred by a service provider, government agency, or have used HaDSCO's services before.

For those complaints where data is available, few trends are observed across the different ways individuals become aware of the Office. The largest year-over-year change was seen for the number of people who were familiar with the Office through using on-line search engines, which has been increasing steadily from 14% in 2017-18 to 19% in 2019-20.

The Office will migrate the website to WA.gov.au in the 2020-21 financial year, bringing HaDSCO's services and information together in one searchable, accessible and mobile friendly place to increase the awareness and accessibility of services to the community.

Figure 2: Awareness of HaDSCO



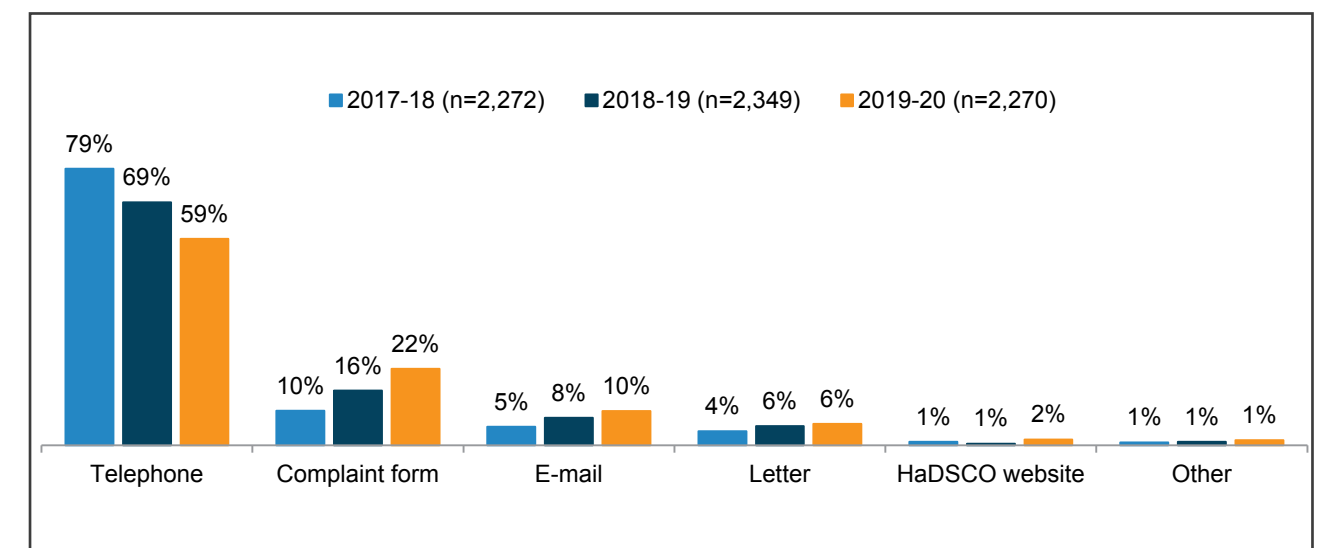
HaDSCO staff request this information from individuals who contact HaDSCO to make a complaint. In some instances, this information cannot be collected. Totals may not sum to 100% due to rounding.

2.4.3 Contacting HaDSCO

Individuals can contact the Office in a variety of ways. This is typically either by telephone, complaint form, email or correspondence.

As shown in Figure 3, for complaints about health, disability and mental health services there has been an increasing trend in the proportion of complaints received through a written complaint form or email in 2019-20.

Figure 3: Method of contact



Totals may not sum to 100% due to rounding.

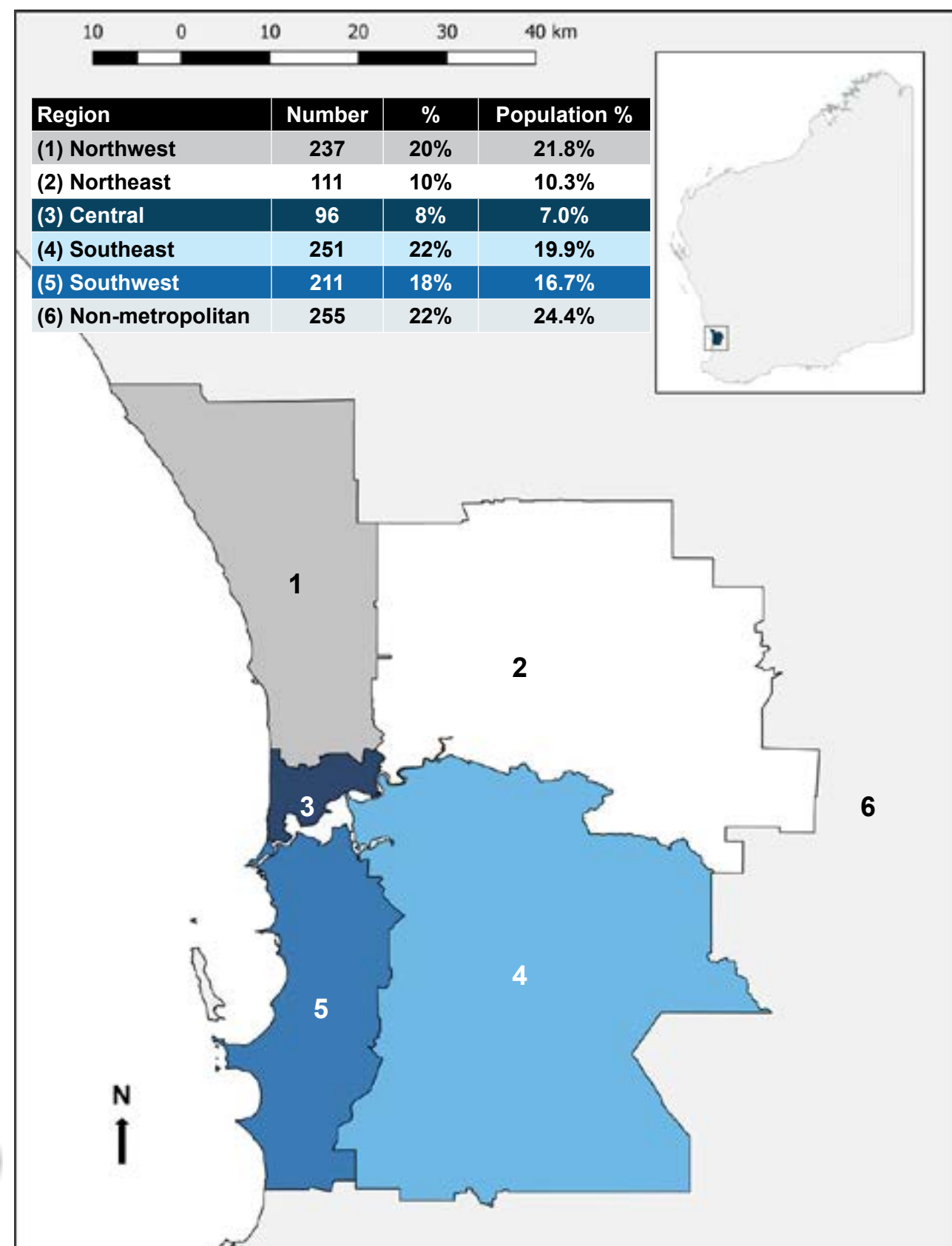
Geographical Data

As shown in Figure 4, in 2019-20, the majority of complaints (78%) received concerned individuals living in the Perth metropolitan area, as defined by Local Government Areas, while 22% of complaints concerned individuals living in non-metropolitan areas.

The percentage of complaints from each region broadly reflects the regions' population percentage based on the population distribution across Western Australia.¹

¹As per 2019 estimated residential population (ERP) data published by the Australian Bureau of Statistics (ABS).

Figure 4: Geographic distribution of individuals receiving a service (2019-20)

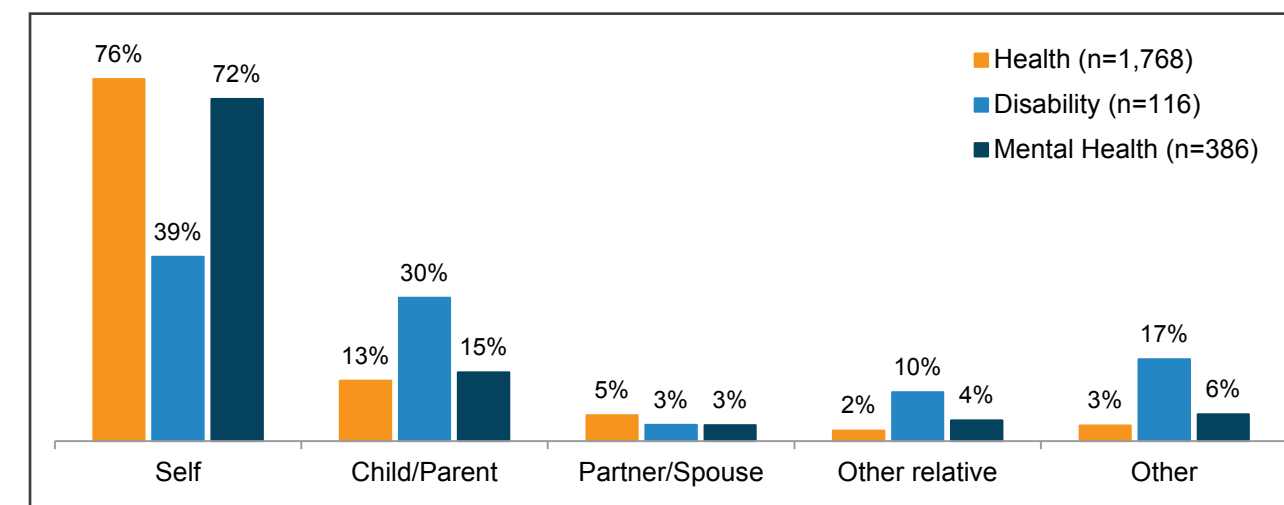


In some instances, location information was not collected (n=710). Individuals in a prison or immigration detention centre are excluded from the analysis (n=399). The metropolitan and non-metropolitan regions adapted from schedule 3 of the *Planning and Development Act 2005* and ABS Statistical Areas Level 2. Population data derived from the 2019 estimated residential population (ERP) data published by the ABS.

2.4.4 Individual making the complaint

The majority of complaints about a health or mental health service were made by the individual who received the service. The remaining complaints were made by a representative on behalf of the individual, which was typically a family member, as shown in Figure 5. For complaints about a disability service, the opposite is true as the majority were made by a representative on behalf of the individual, including family members and advocates. The proportion of disability complaints made by the individual who received the service has increased from 24% in 2018-19 to 39% in 2019-20.

Figure 5: Relationship to person making the complaint



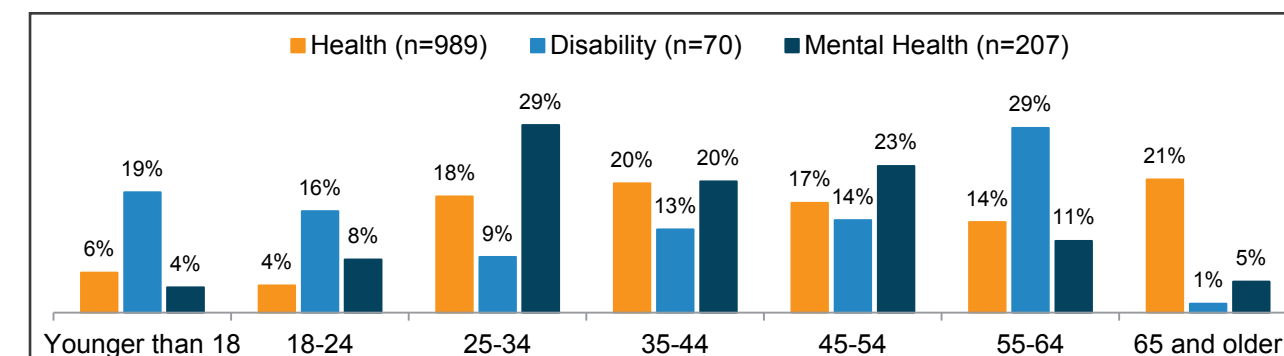
Totals may not sum to 100% due to rounding.

Complaints regarding a health service were most likely to relate to a service provided to an individual aged 65 and older or an individual aged between 35 and 44, as shown in Figure 6. For the 65 and older age cohort, health complaints are significantly higher than disability and mental health complaints.

Complaints regarding mental health services are greatest in the 25 to 34 age cohort; an age range which saw mental health having the highest percentage of complaints.

For disability services, complaints were most likely to concern services provided to an individual 55-64 (29%) or children under the age of 18 years (19%). In these two demographic groups, disability complaint percentages are higher than the percentages for health and mental health.

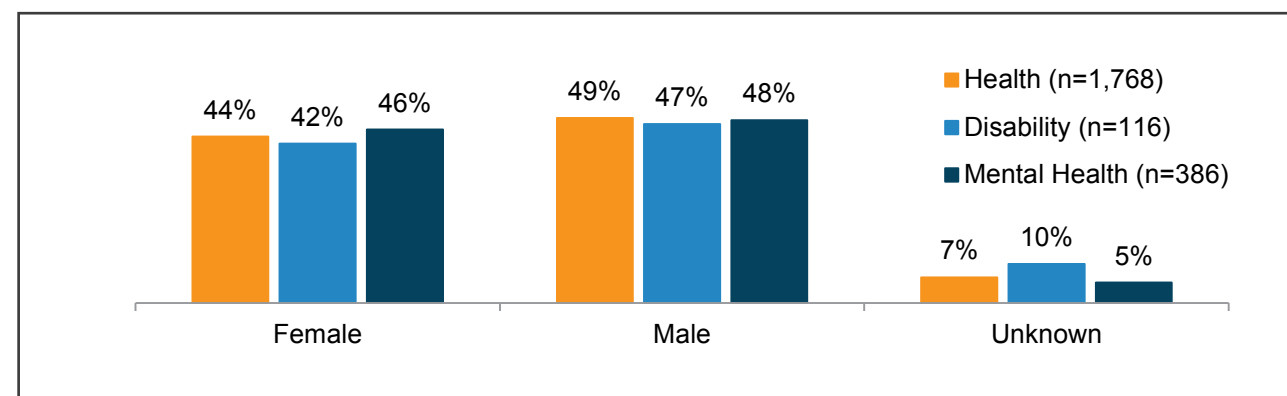
Figure 6: Age of the individual receiving a service



Totals may not sum to 100% due to rounding.

Figure 7 details the gender breakdown of individuals with complaints across health, disability and mental health services in 2018-19. This shows that complaints across all sectors were slightly more likely to concern males.

Figure 7: Gender of the individual receiving a service



2.4.5 Time taken to resolve complaints

HaDSCO works to statutory time frames for the management of complaints set out in the *Health and Disability Services (Complaints) Act 1995* and other enabling legislation.

In 2019-20, HaDSCO exceeded or met the forecasted targets for preliminary assessment of complaints within 28 and 56 days respectively and met the target for the notification of complaints to providers.

Table 1: Time taken to resolve complaints - legislated time frames or performance targets

Legislative requirement	Legislative Time frame or performance targets (days)	2019-20 Target	2019-20 Actual
Preliminary assessment of complaint by Director s.34(1)	28	95%	97%
Preliminary assessment of complaint by Director s.34(1)(c)	56	92%	92%
Notice to provider and others s.35	14	95%	95%

2.4.6 Australian Health Practitioner Regulation Agency Complaints

In accordance with the *Health Practitioner Regulation National Law (WA) Act 2010*, HaDSCO is required to consult with the Australian Health Practitioner Regulation Agency (Ahpra) about complaints that relate to registered health practitioners to determine which agency is more appropriate to manage the complaint. The Ahpra register of national boards and practitioners can be found at Appendix 5.1. In 2019-20, HaDSCO consulted on 259 complaints with Ahpra staff. Of these complaints, HaDSCO retained 161 complaints, referred 93 and jointly managed five complaints with Ahpra.

2.4.7 Indian Ocean Territories

HaDSCO's services are provided to the Indian Ocean Territories (IOT) through a Service Delivery Arrangement with the Australian Government. HaDSCO received and closed one complaint in the 2019-20 financial year as part of this arrangement. This was a decrease from the number of complaints closed in the 2018-19 financial year (three complaints).

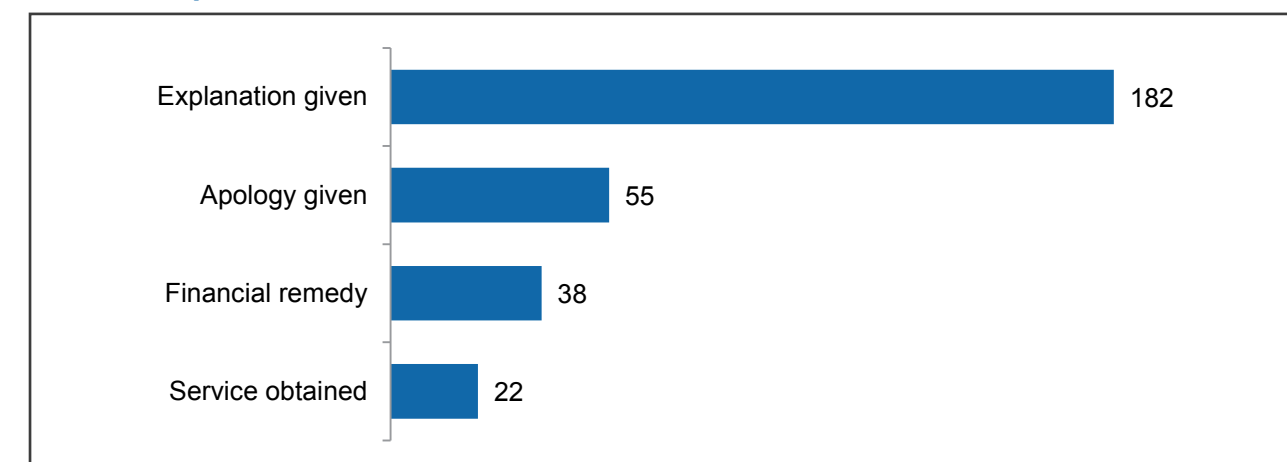
2.4.8 Outcomes achieved

HaDSCO achieves a range of outcomes for both the individual who made the complaint and for improved service delivery in the health, disability and mental health sectors.

For complaints closed by negotiated settlement, conciliation or investigation this financial year, 68% resulted in a redress outcome. There were a total of 297 outcomes for individuals, as shown in Figure 8. By comparison, there was a 58% increase in redress outcomes compared to 2018-19 when 188 outcomes were achieved.

These outcomes demonstrate the benefit of the service provided by HaDSCO and are a positive outcome for the individuals concerned.

Figure 8: Redress outcomes resulting from complaints managed through a resolution process



2.4.9 Service improvements

The complaint resolution process also provides an opportunity to identify improvements that may assist a service provider to improve its services for the wider community.

In 2019-20, there were 53 service improvements implemented, compared with 32 in 2018-19, representing a 66% increase. HaDSCO has worked with service providers to support a range of service improvements that focus on enhancing the patient experience and person-centred care.

Importantly, a number of these service improvements were used as education and training to strengthen workforce capability. These outcomes contribute to the implementation of the enduring strategies in the Sustainable Health Review focusing on workforce development and the delivery of patient-centred health care.

In addition, these service improvements included:

- Developing better arrangements for appointment scheduling.
- Implementing improved patient triaging, discharge and transfer processes.
- Refining procedures for the notification of test results and for dispensing medication.
- Strengthening infection control procedures and immunisation processes.
- Improving record keeping.
- Developing and disseminating patient literature.
- Introducing new consent forms that better identify procedure risks.
- Refining invoicing arrangements.
- Enhancing communication with patients, family members and carers.

HaDSCO appreciates the willingness of service providers and service users to participate in the complaints resolution process to identify both redress outcomes and service improvements.

Case Study

Test result delay

An individual required a stress ECG test on the evening before a public holiday. The results of the test indicated the need for follow up investigation, however, the information was not communicated to the individual over the holiday period. A week after the test, the individual had a heart attack. The individual was concerned that they were not informed of the test results and considered they were denied the opportunity to undertake further assessment which may have prevented the heart attack from occurring.

HaDSCO facilitated an explanation from the service provider in regard to the delay in communicating the test results and spoke with the service provider about developing a process to communicate test results to patients if urgent action is required.

As a result of the complaint resolution process, the service provider has developed an immediate response process to communicate test results if urgent action is required. The consultation fee was waived as part of the settlement of the complaint.



Case Study

Prescription medication dosage error

An individual presented a prescription to a pharmacy. Prior to taking the medication, the individual realised that the prescribed dosage was not consistent with the information provided by the treating physician. The individual contacted both the pharmacist and the treating physician to clarify the correct dosage. From these conversations it was confirmed that the dosage was incorrect and was four times the amount of the daily dosage prescribed. This was not the first time this had occurred for the individual at this pharmacy.

HaDSCO facilitated an explanation from the pharmacist and requested that they review their procedure for confirming the correct dose when dispensing medications.

As a result of the complaints resolution process, the pharmacist acknowledged and apologised to the individual concerned and confirmed a change in policy to avoid this occurring in the future.



Case Study

Child immunisation

An individual attended a medical practice for their child to receive the eighteen month Infanrix immunisation. Instead of the eighteen month immunisation, the nurse administered a six month immunisation. The individual was concerned that the error had occurred and that there would be an impact on the child.

HaDSCO facilitated an explanation from the service provider about the effect of administering the immunisation. HaDSCO also requested that the service provider review its policy on the correct procedure for the administration of immunisations under the Childhood immunisation schedule.

As a result of the complaint resolution process, the service provider acknowledged that the incorrect dosage was administered. Reassurance was provided about the effect of the immunisation on the child. Nursing staff undertook an immunisation refresher training course and the General Practitioner supervised staff practice until the training was completed. The Childhood immunisation schedule was also placed in the treatment room for ease of reference for staff when preparing immunisations.



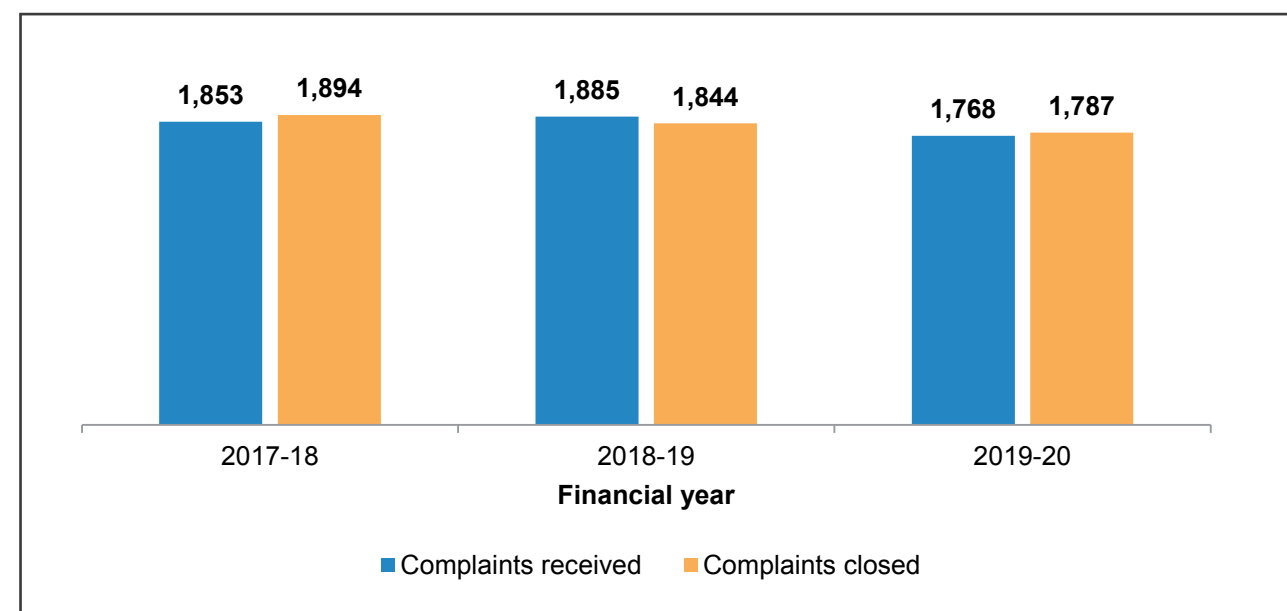
2.5 Complaints about health services

2.5.1 HaDSCO complaints data

HaDSCO received 1,768 complaints about health services in the 2019-20 financial year and closed 1,787 complaints. Figure 9 details the number of complaints about health services received and closed by HaDSCO over the past three years.

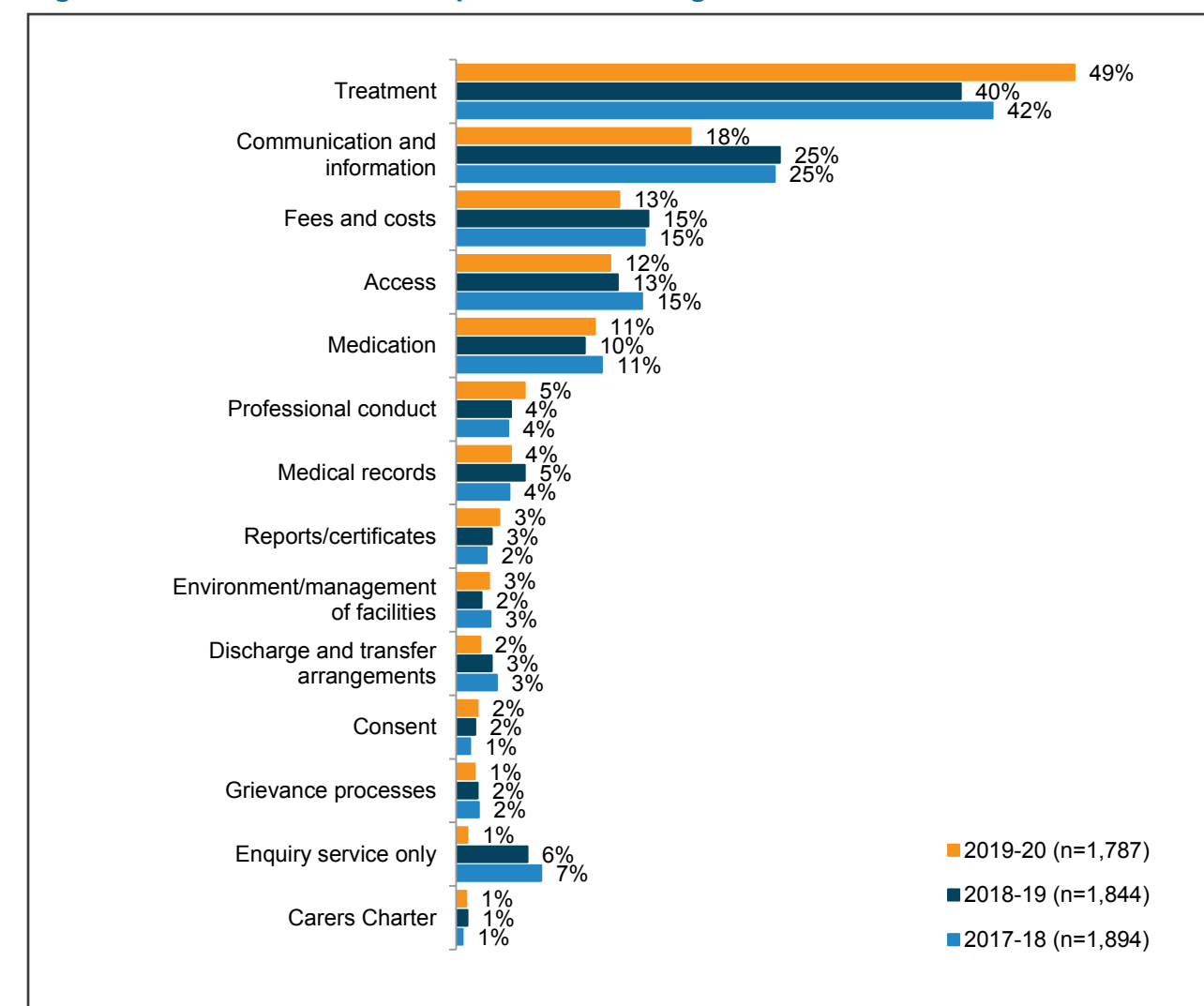


Figure 9: Complaints about health services



The complaint issue categories identified in the complaints about health services closed by HaDSCO over the last three years are shown in Figure 10. Within each complaint category, a variety of issues may be identified by the individual making the complaint.

Figure 10: Health Service complaint issue categories



Percentage of all health complaints closed in the financial year. As multiple issues can be identified in each complaint, percentages will not sum to 100%.

In 2019-20, the majority of complaints concerned treatment; communication and information; fees and costs; and access. Specific trends observed include:

- Treatment continues to be the most commonly raised concern, increasing from 42% in 2017-18 to 49% in 2019-20, and being the subject of almost half of all health complaints for this reporting period.
- Communication and information is the second most commonly raised concern at 18% for 2019-20, decreasing from 25% in 2018-19.
- The proportion of complaints concerning access is trending downwards slightly.
- All other health service complaint issue categories have been relatively stable for the past three years.

Case Study

Emergency dental treatment

A child sustained dental injuries while playing weekend sport and was taken to a private dental practice for emergency treatment. The service provider did not assess the child's injuries and referred them to the Emergency Department at a public hospital for treatment. Emergency dental services were not available at the hospital and the child was referred to another private dental practice for treatment for the injury.

HaDSCO contacted the dental service provider to facilitate a response for the individual and spoke to the dentist about the protocols for the management of dental emergencies.

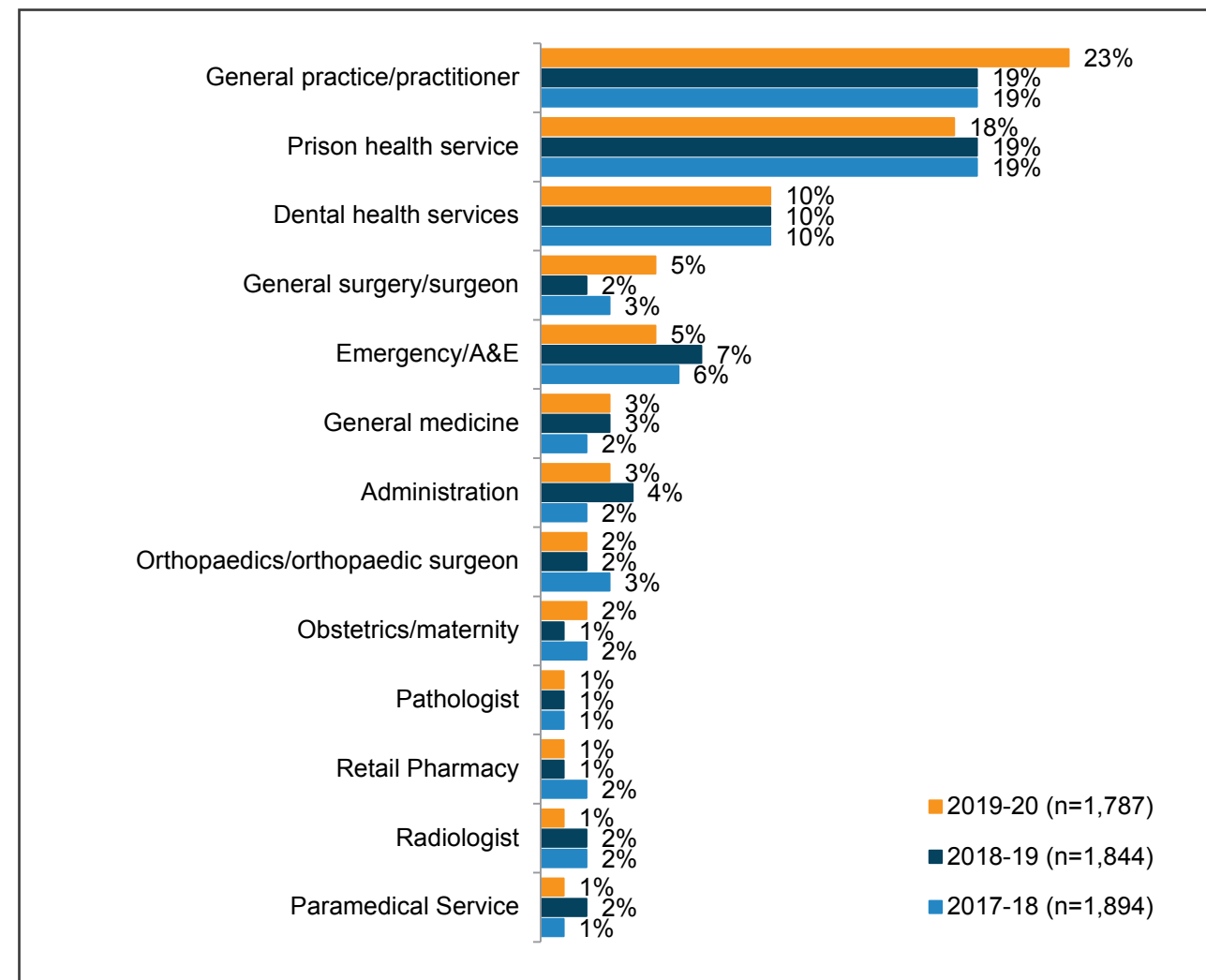
As a result of the complaints resolution process, the service provider apologised that the injuries were not assessed upon presentation to the practice. The service provider also reviewed the practice protocols regarding the management of emergency presentations and developed a policy and a procedure to manage emergency presentations for the future.

2.5.2 Health service types

The specific health service types identified in complaints closed by the Office are shown in Figure 11. Due to the large number of service types identified, only the most common service types are reported.

The service types that were most frequently the subject of complaints in 2019-20 were general practices/practitioners (23%), prison health services (18%), and dental health services (10%).

Figure 11: Health service types

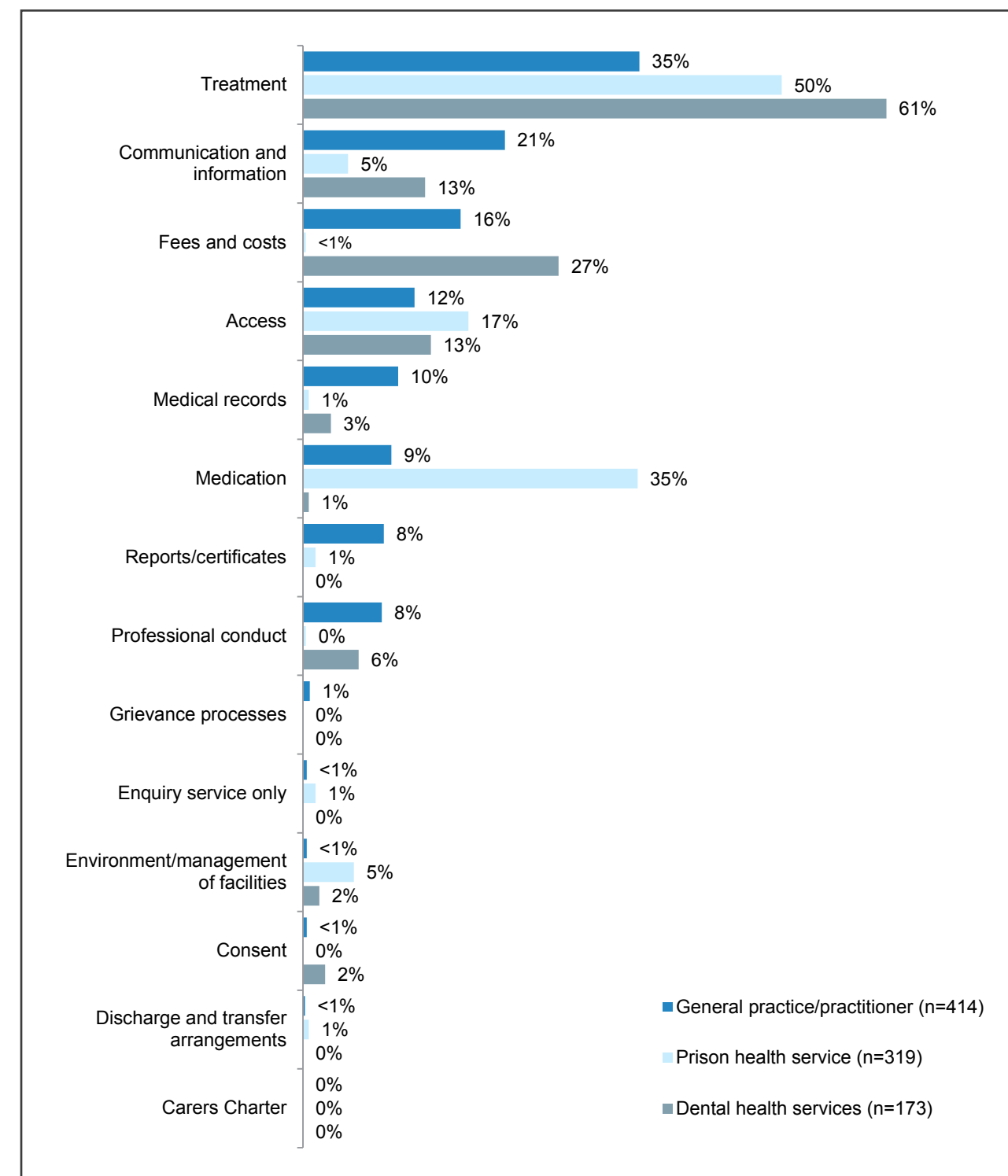


Totals will not sum to 100% as only service types accounting for more than 1% of health complaints are included.

There has been minimal change in the service types identified in health complaints over the past three years, with the exception of an increase in the proportion of complaints concerning general practices/practitioners, increasing from 19% in 2017-18 to 23% in 2019-20.

The issue categories associated with the three most common health service types, those being general practice/practitioner, prison health service and dental health services, are shown in Figure 12.

Figure 12: Complaint categories by service type (2019-20)



Specific trends observed include:

- Complaints about general practice/practitioners were far more likely to concern treatment, and communication and information.
- Complaints about prison health services were far more likely to concern treatment and medication.
- Complaints about dental health services were far more likely to concern treatment and fees and costs.

2.5.3 External complaints data – health services

Under section 75 of the *Health and Disability Services (Complaints) Act 1995* and the *Health and Disability Services (Complaints) Regulations 2010*, each year HaDSCO receives complaints data from prescribed health providers in Western Australia. The information collected by HaDSCO is used to identify systemic issues and trends across the health sector, and develop resource materials for stakeholders. The data collection also provides HaDSCO with the opportunity to work with service providers to improve their complaints management processes.

Only de-identified data is collected from prescribed service providers. A list of the providers can be found in Appendix 5.3. The information collected includes:

- Number of complaints
- Demographics of consumers
- Complaint issues
- Complaint outcomes
- Timeliness of complaint resolution

The aggregate data received by HaDSCO includes all complaints received by prescribed providers in 2019-20. A preliminary analysis of this data is provided below.

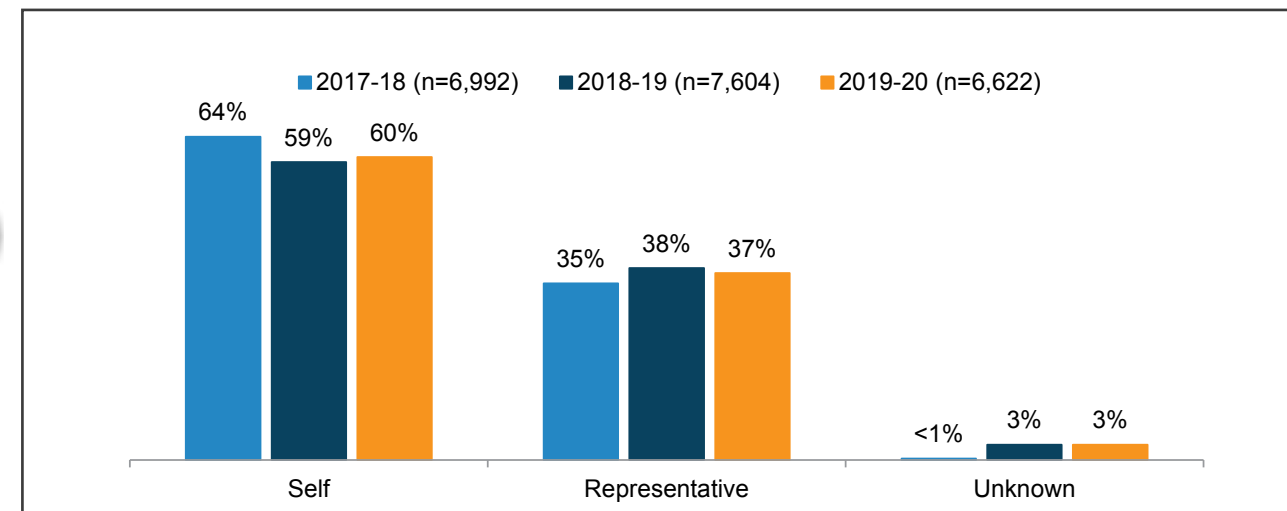
In 2019-20, details of 6,622 complaints concerning 10,383 issues were submitted to HaDSCO by prescribed service providers. This represents a 13% decrease from 2018-19 in the number of complaints received (7,604 complaints) and a 16% decrease in the number of issues identified (12,309 issues).

2.5.4 Individual making the complaint

In 2019-20, the majority of complaints (60%) received directly by service providers were made by the individual who received the service, as shown in Figure 13.

The proportion of complaints made by the individual who received the service and the individual's representative has been relatively consistent over the past three years.

Figure 13: Individual making the complaint

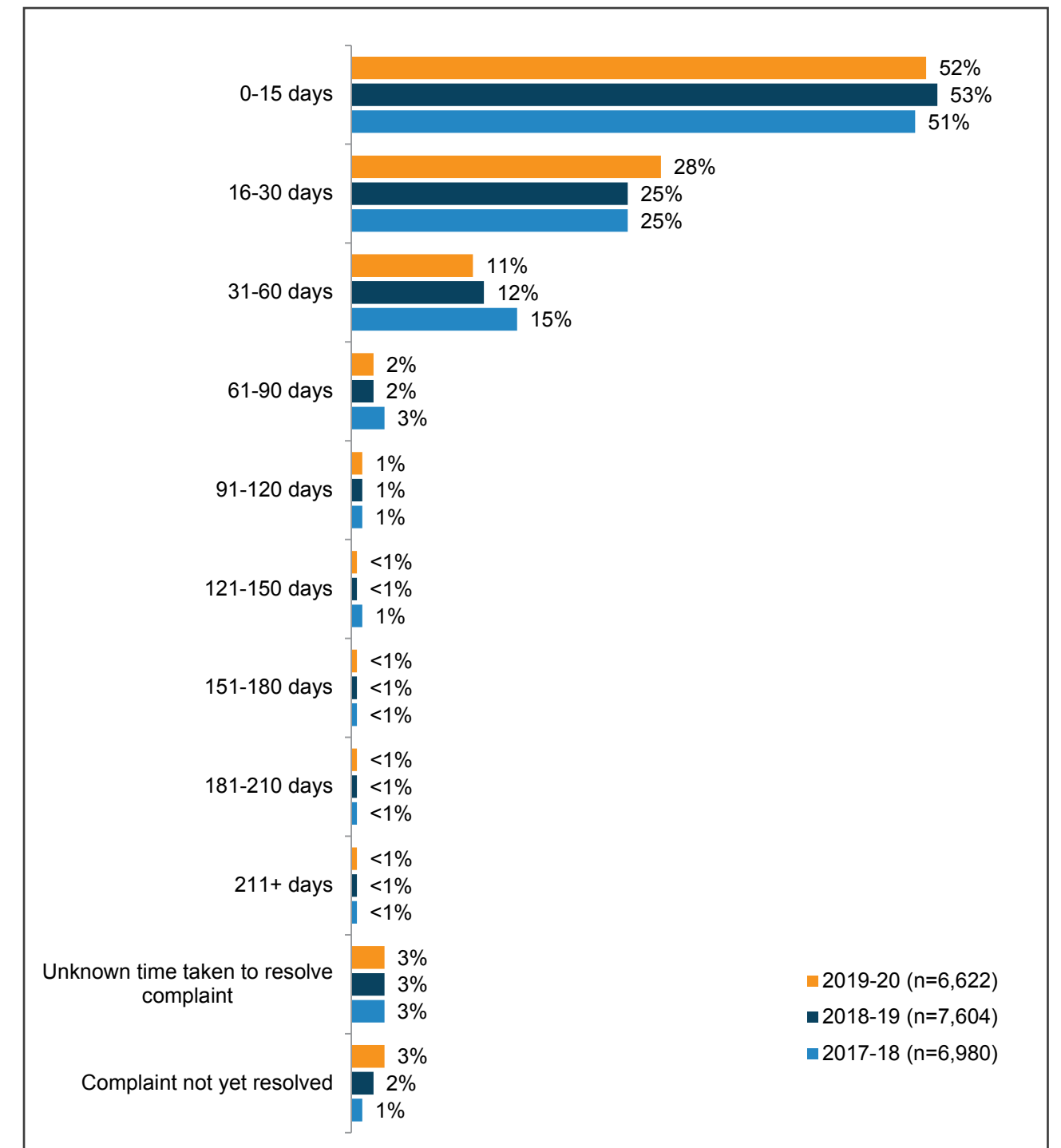


Totals may not sum to 100% due to rounding.

2.5.5 Time taken to resolve complaints

The time taken for service providers to resolve complaints over the past three years is shown in Figure 14. In 2019-20, the majority of complaints (80%) were resolved in 30 days or less.

Figure 14: Time taken to resolve external health service complaints

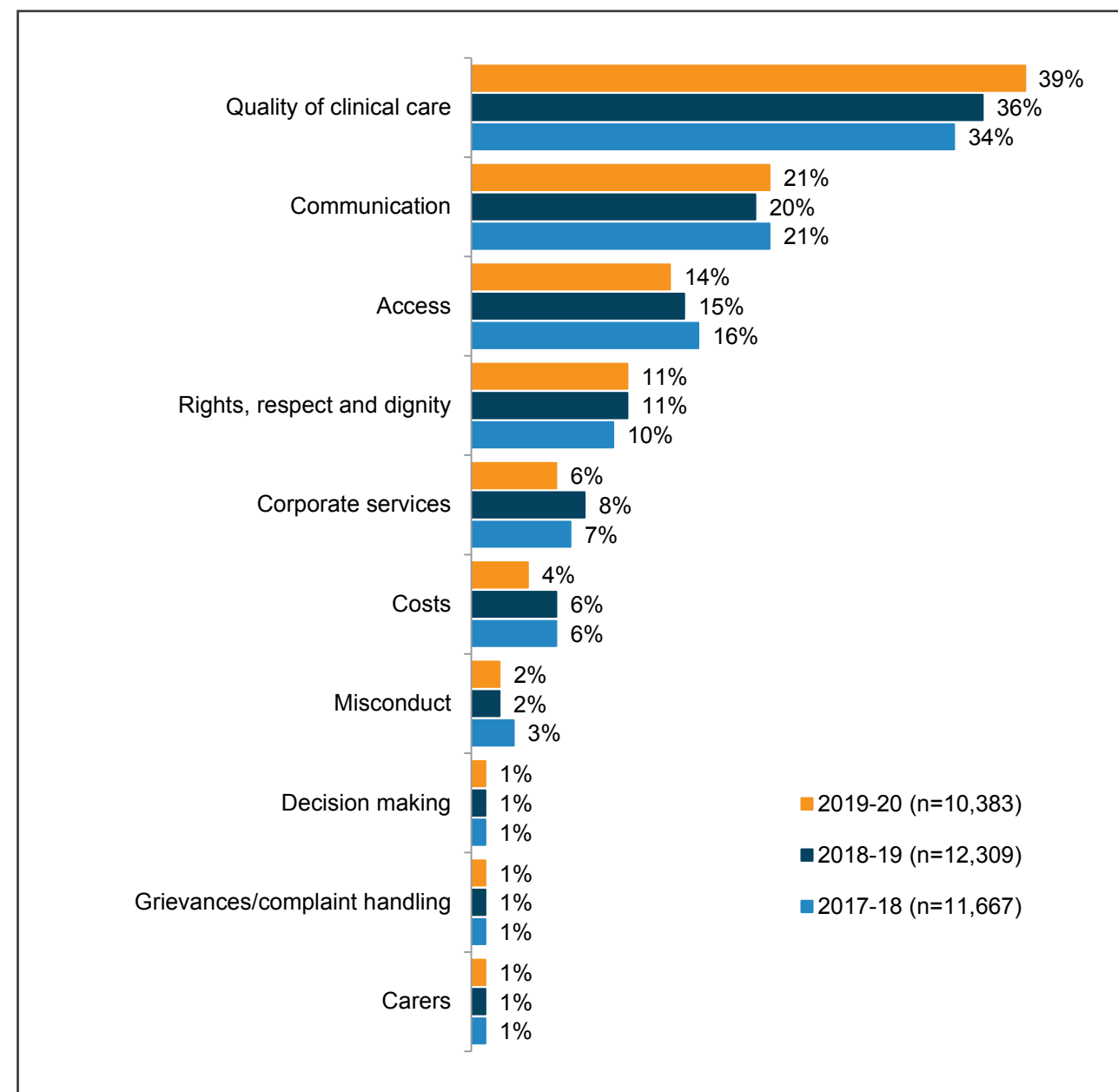


Totals may not sum to 100% due to rounding. In some instances data was not recorded by service providers.

2.5.6 Issues identified

The issues identified in complaints received by service providers over the last three years are shown in Figure 15. In 2019-20, quality of clinical care (39%), communication (21%), and access to service (14%) remained the issues most commonly identified. Complaints citing quality of clinical care have increased over the past three financial years.

Figure 15: Issues identified in external health service complaints



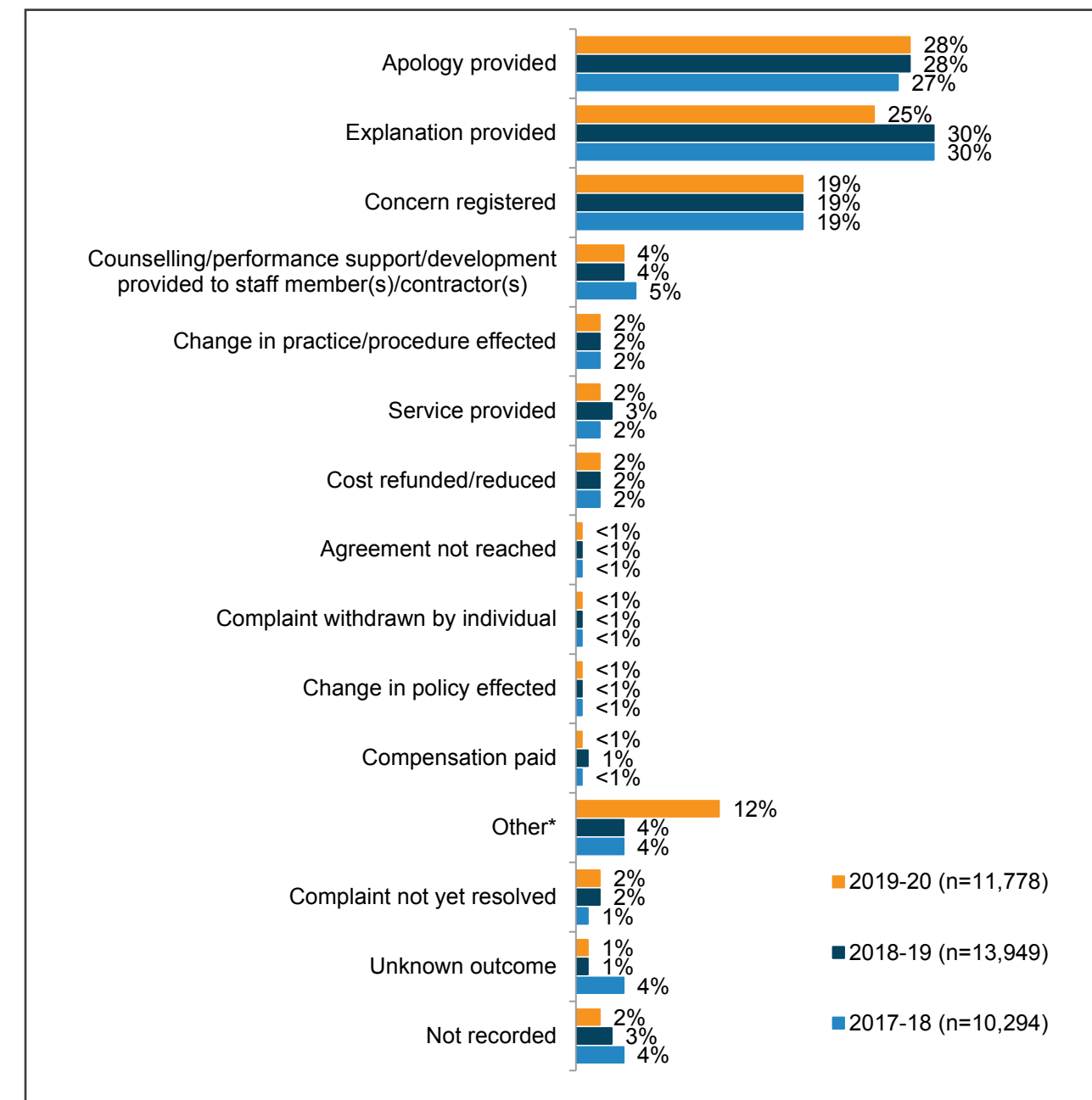
Totals may not sum to 100% due to rounding.

2.5.7 Outcomes achieved

A range of outcomes were achieved from the complaints managed by service providers. In 2019-20, the most common outcomes were providing an apology (28%), providing an explanation (25%) or concern registered (19%).

In 2019-20, there were 11,778 outcomes achieved, which represents a 16% decrease in the number of outcomes achieved from 2018-19. The outcomes achieved in complaints received by service providers over the last three years are shown in Figure 16.

Figure 16: Outcomes achieved



Totals may not sum to 100% due to rounding.

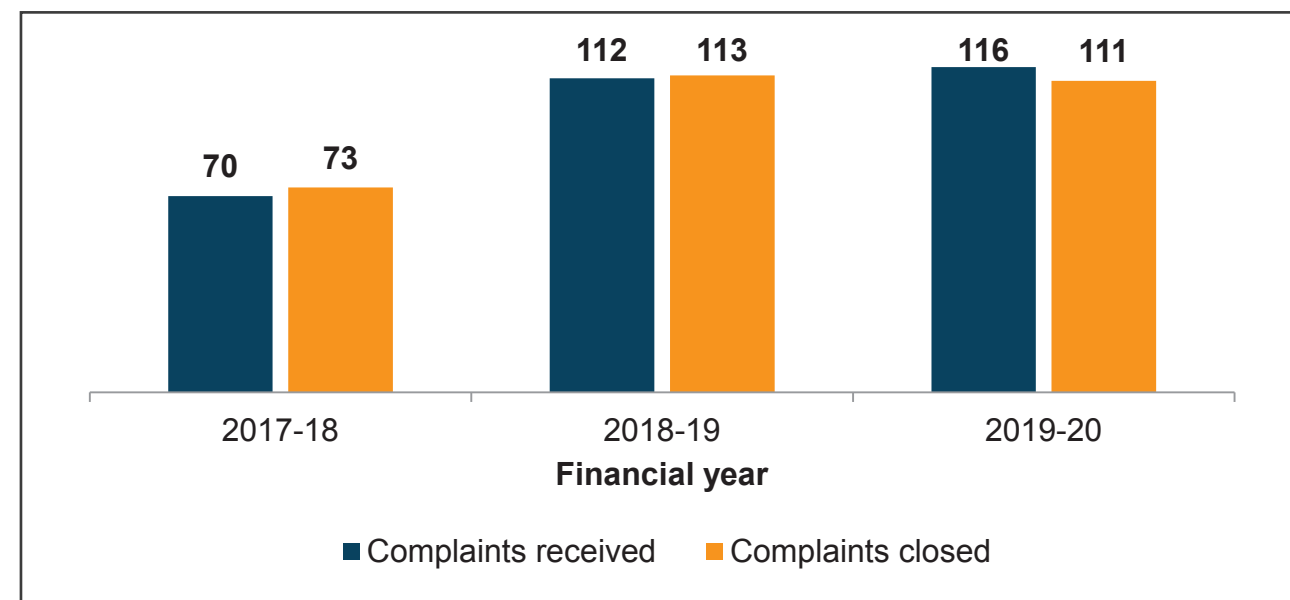
*Other outcomes can include referral to another body or organisation (including regulatory authorities, consultants and contractors), review of clinical management and remedial or disciplinary action.

2.6 Complaints about disability services

2.6.1 HaDSCO complaints data

HaDSCO received 116 complaints about disability services in the 2019-20 financial year and closed 111 complaints. Figure 17 details the number of complaints about disability services received and closed by HaDSCO over the past three years.

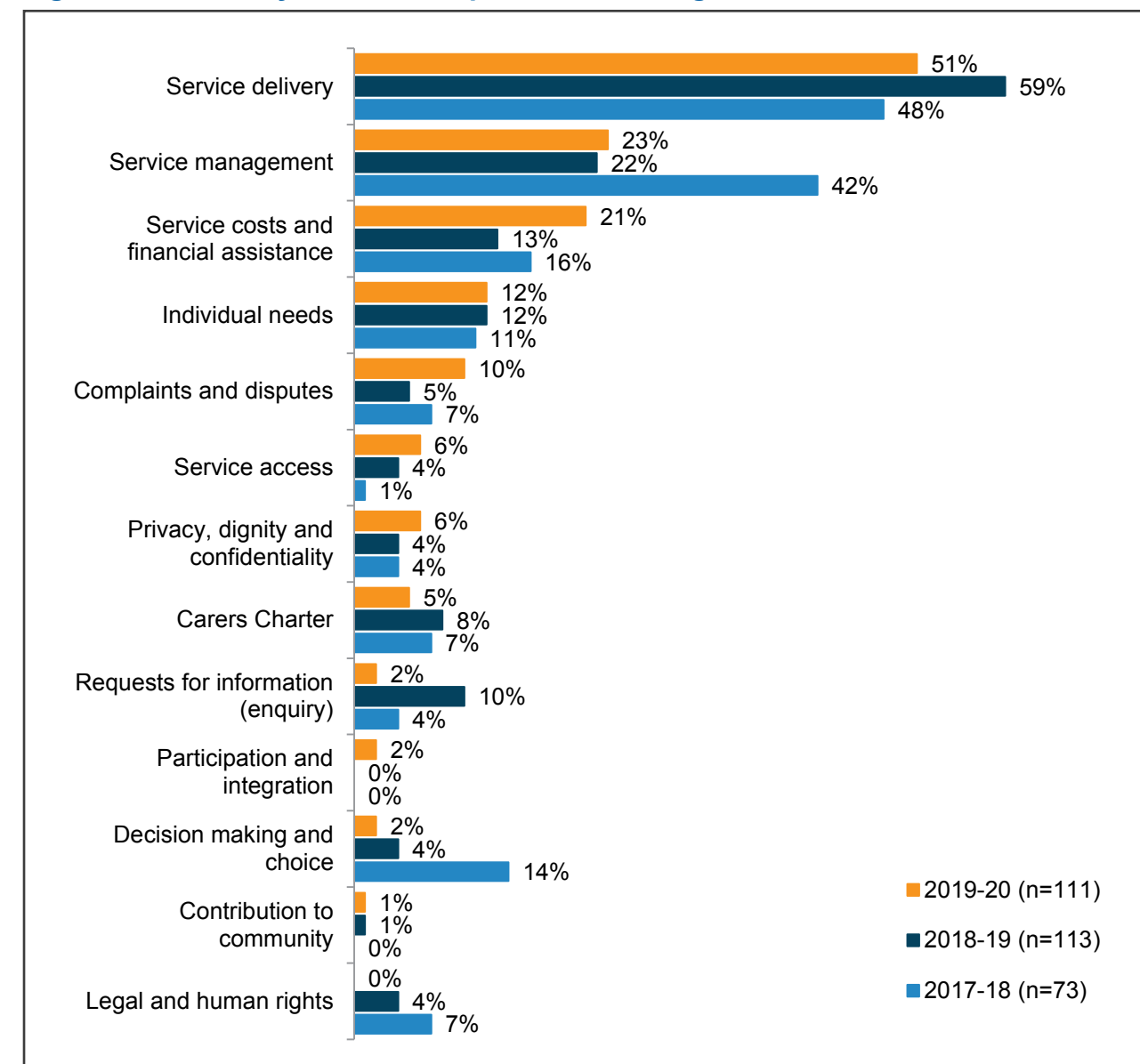
Figure 17: Complaints about disability services



The complaint issue categories identified in the complaints closed by HaDSCO over the last three years are shown in Figure 18. Within each complaint category, a variety of issues may be identified by the individual making the complaint.



Figure 18: Disability Service complaint issue categories



Percentage of all disability complaints closed in each financial year. As multiple issues can be identified in each complaint, percentages will not sum to 100%.

Specific trends observed include:

- Service delivery continues to be the most commonly occurring issue raised in disability complaints, however, the proportion of complaints identifying issues with service delivery decreased from 59% in 2018-19 to 51% in 2019-20.
- The proportion of complaints identifying service management issues reduced significantly from 2017-18 to 2018-19, however, is trending upward in 2019-20.
- The proportion of complaints about service costs and financial assistance has increased from 13% in 2018-19 to 21% in 2019-20.

Case Study

Carers recognition

The carer of an individual receiving supports from a disability service provider complained that she was excluded from care planning meetings and that her adult son had signed documents that he did not understand.

HaDSCO contacted the service provider to facilitate a response to the matters raised in complaint.

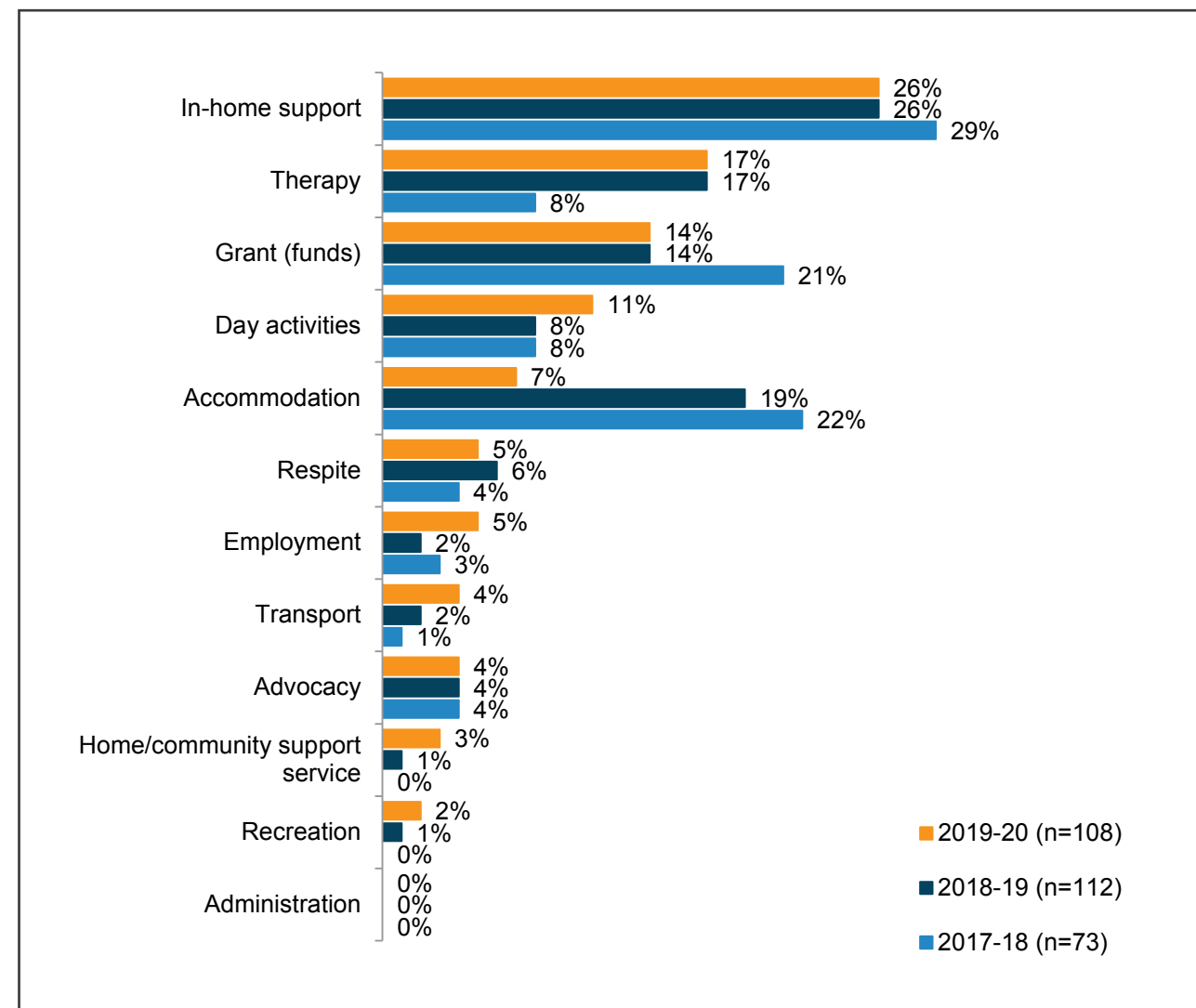
As a result of the complaint resolution process, the service provider offered an explanation and acknowledged and apologised that the carer was not included in the process. The service provider agreed to include the carer in future planning meetings with the individual's consent.

2.6.2 Types of disability services

The specific disability service types identified in complaints closed in the last three years are shown in Figure 19.

The service types that were most frequently the subject of complaints in 2019-20 were in-home support (26%), therapy (17%), and grant (funds) (14%). There has also been a notable decrease in the proportion of complaints concerning accommodation from 22% in 2017-18 to 7% in 2019-20.

Figure 19: Disability service types



Totals may not sum to 100% due to rounding. Service type was not recorded for one complaint in 2018-19 and three complaints in 2019-20.

2.6.3 External complaints data – disability services

Under section 48A of the *Disability Services Act 1993* and the *Disability Services Regulations 2004*, each year HaDSCO receives complaints data from prescribed government and non-government disability service providers in Western Australia. The information collected by HaDSCO is used to identify systemic issues and trends across the disability sector and develop resource materials for stakeholders. The data collection also provides HaDSCO with the opportunity to work with service providers to improve their complaints management processes.

De-identified data is collected from prescribed service providers. A list of the prescribed disability service providers can be found in Appendix 5.5. The information collected includes:

- Number of complaints
- Demographics of consumers
- Complaint issues
- Complaint outcomes
- Timeliness of complaint resolution

Unless otherwise stated, all of the data presented in this section is based on the complaints closed by disability service providers over the past three financial years.

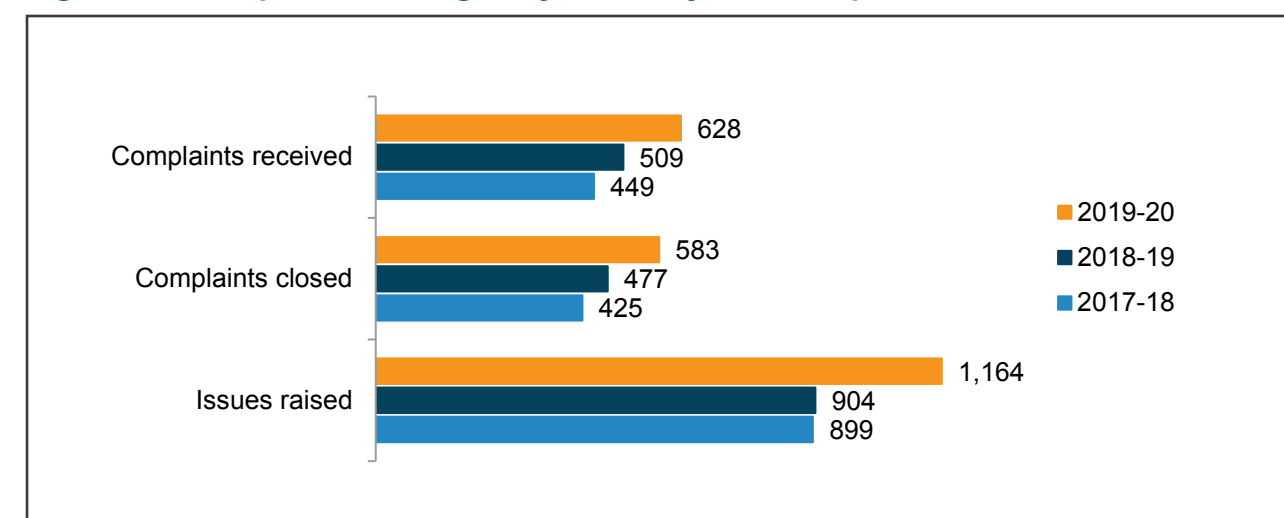
2.6.4 Complaints managed by disability service providers

In 2019-20, there were 628 complaints received by prescribed disability service providers, a 23% increase when compared to 2018-19. There was also a 22% increase in the number of complaints closed (583 complaints).

Within complaints received by disability service providers, 1,164 issues were raised, representing an increase of 29% when compared to 2018-19. An average of two issues were identified per complaint closed in 2019-20.

The number of complaints received and closed by disability service providers is shown in Figure 20.

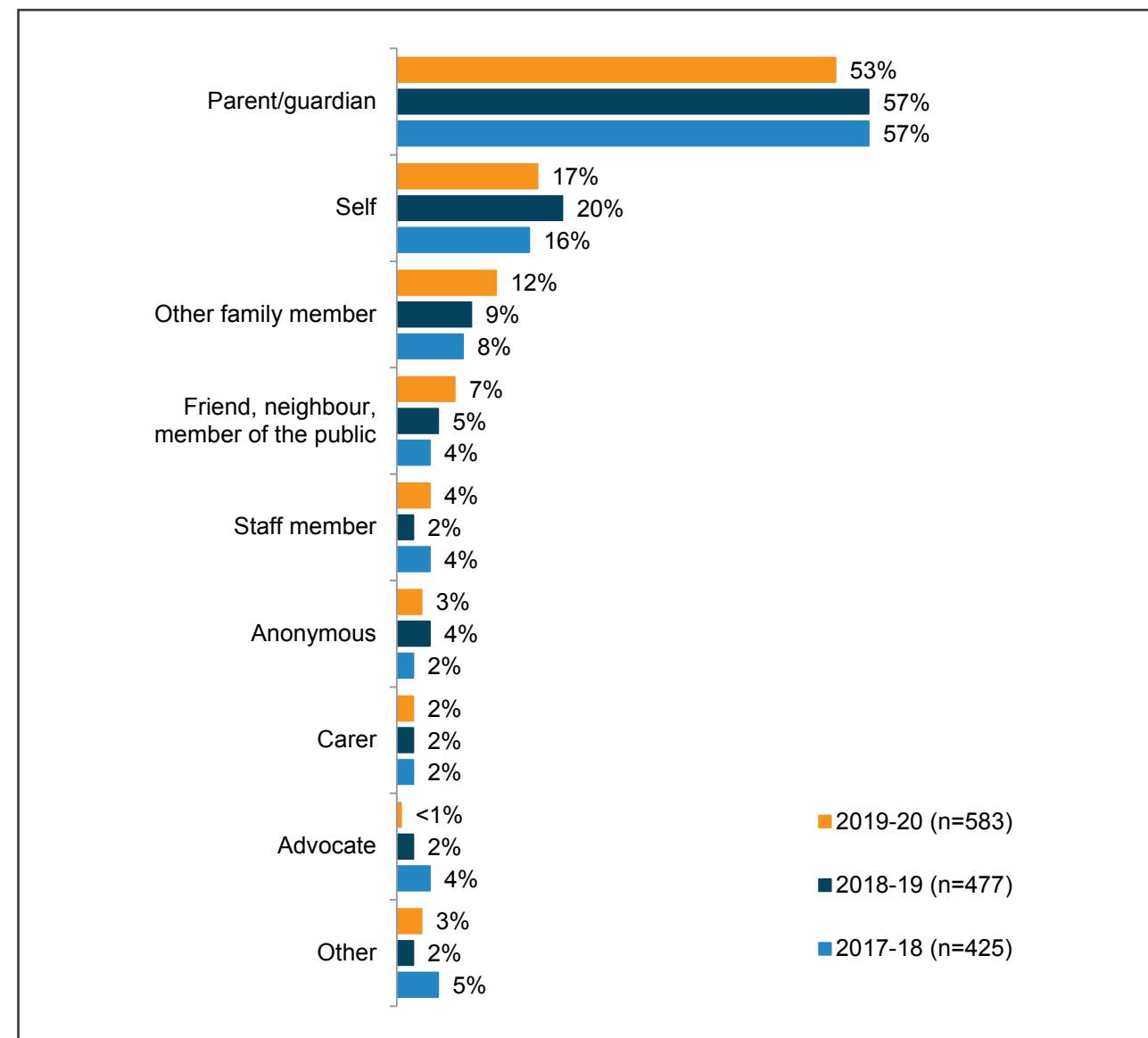
Figure 20: Complaints managed by disability services providers



2.6.5 Individual making the complaint

In 2019-20, the majority of complaints (83%) resolved by disability service providers were made by someone acting on behalf of the individual who received the service, typically a family member or guardian, as shown in Figure 21.

Figure 21: Individual making the complaint



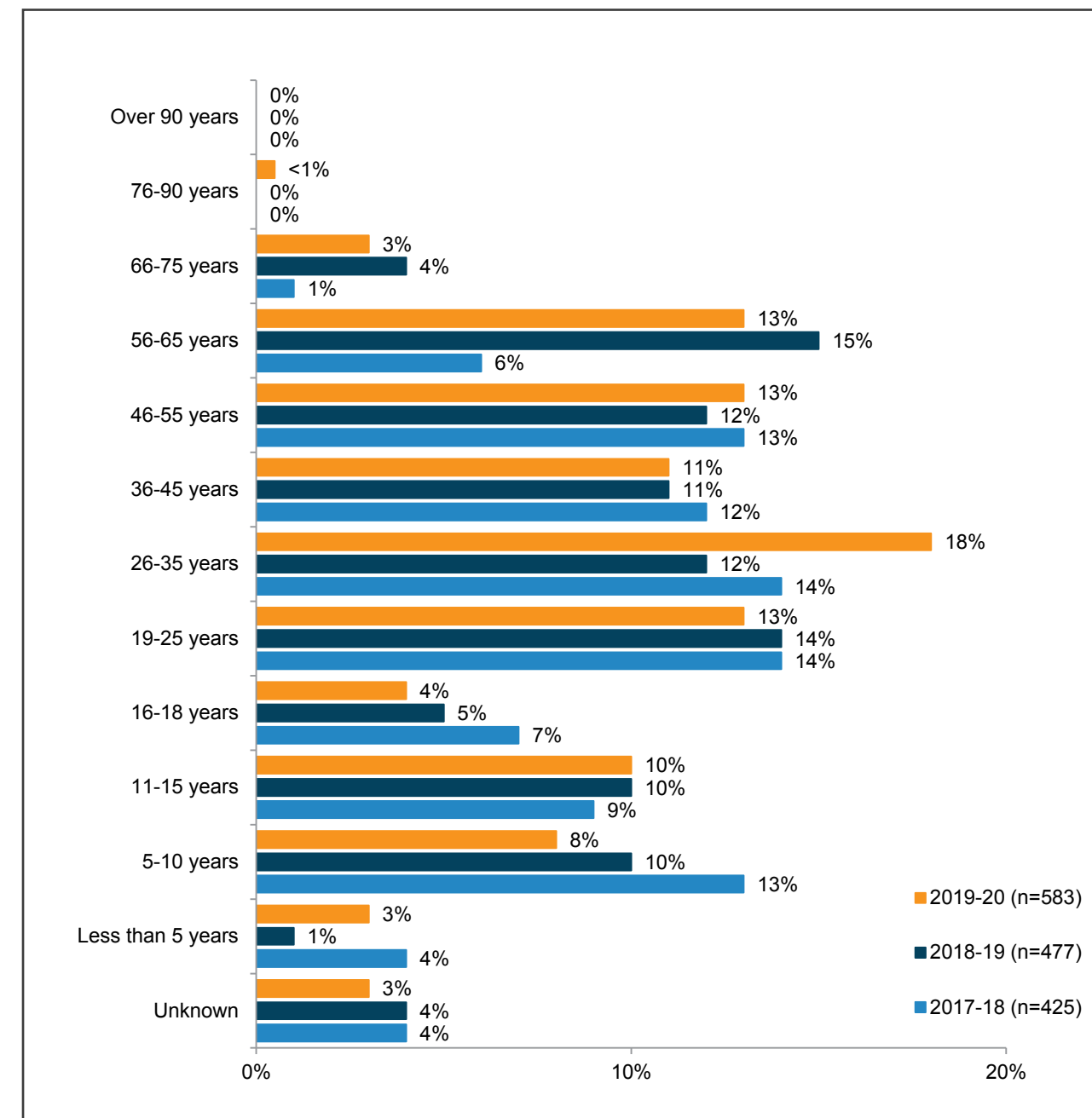
Totals may not sum to 100% as a complaint may be made by multiple individuals.

- 1 The role of other family members (for example not a parent or guardian) in making complaints to disability service providers has increased in each of the previous three reporting years. A similar trend can be seen in the role of friends, neighbours, and members of the public in lodging complaints over the same time period.
- 2
- 3 The role of advocates in submitting complaints to disability service providers has decreased over each of the previous three reporting years from 4% in 2017-18 to less than 1% in 2019-20.
- 4
- 5

2.6.6 Demographics of the individual receiving the service

In 2019-20, there was a notable increase in complaints made for individuals in the 26-35 age cohort which equates to 18% (an increase from 12% in 2018-19). There was a decreasing trend in complaints made for individuals within both the 5-10 and 16-18 age cohorts since 2017-18.

Figure 22: Age of the individual receiving the service



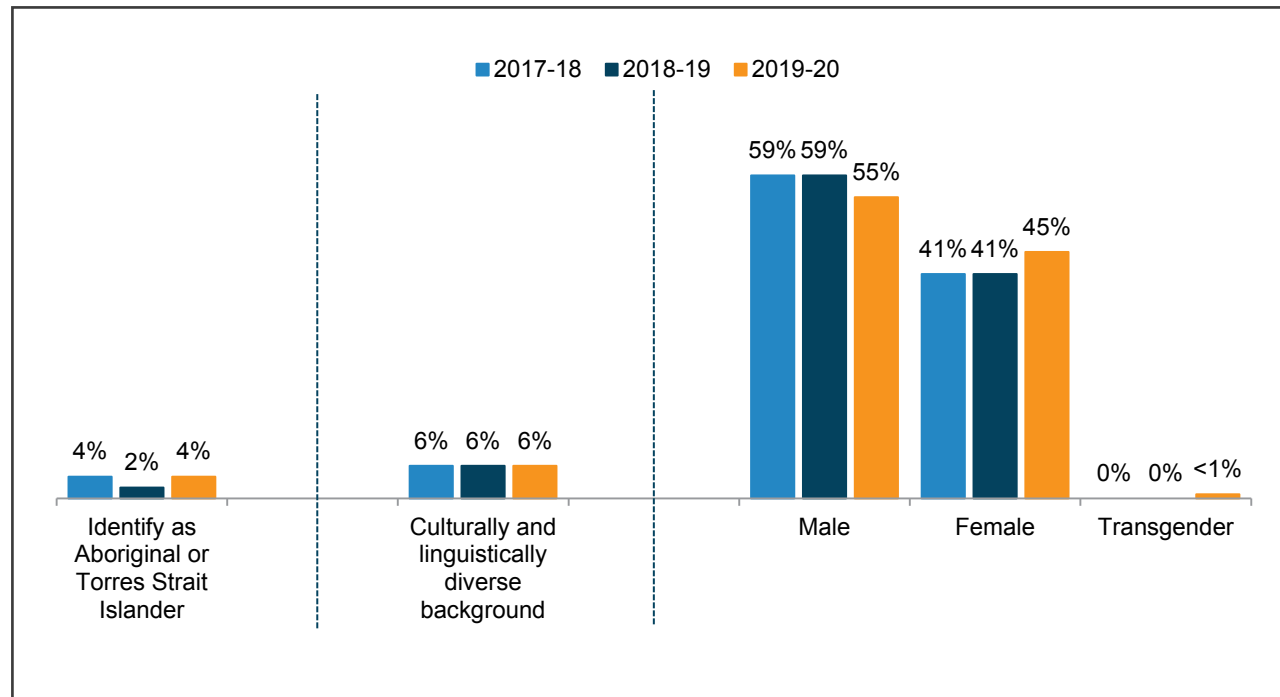
Totals may not sum to 100% due to rounding.

- 1
- 2
- 3
- 4
- 5

The characteristics of individuals who received a disability service are shown in Figure 23.

In 2019-20, the proportion of individuals who identified as Aboriginal and Torres Strait Islander increased from 2018-19 (from 2% to 4%), and was consistent with 2017-18 (4%). Complaints regarding individuals coming from a culturally and linguistically diverse background have remained consistent since 2017-18. As seen in prior years, males continue to be identified more frequently in complaints than females in 2019-20.

Figure 23: Characteristics of individuals receiving a service*



Totals may not sum to 100% due to rounding.

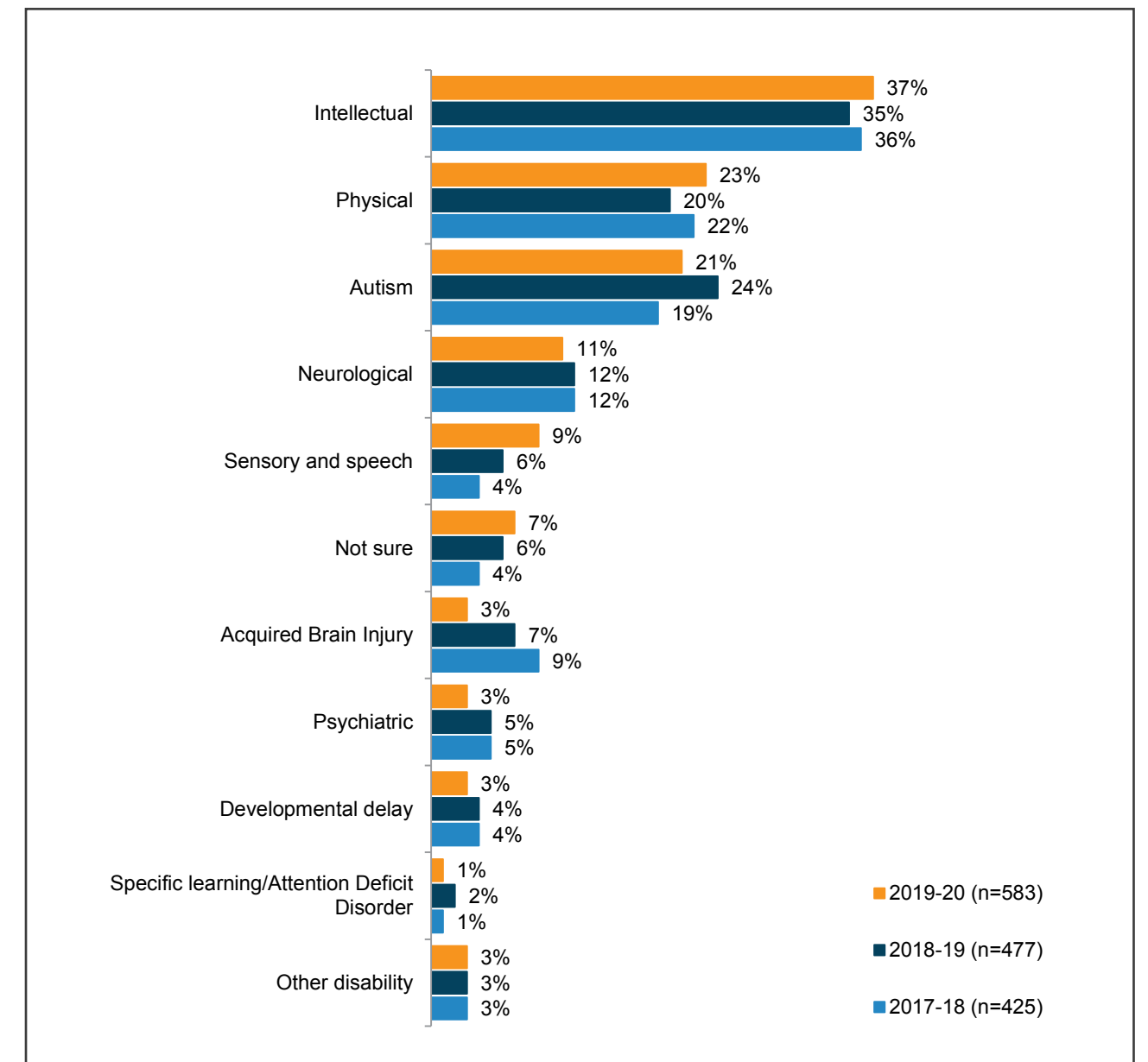
Sample sizes: identify as Aboriginal or Torres Strait Islander (2017-18 n=364, 2018-19 n=383, 2019-20 n=448); culturally and linguistically diverse background (2017-18 n=366, 2018-19 n=373, 2019-20 n=384); gender (2017-18 n=397, 2018-19 n=450, 2019-20 n=547).

*Complaints that provided an 'unsure' response or did not contain demographic data have been excluded from the analysis shown in Figure 23.

2.6.7 Types of disabilities identified

In 2019-20, the majority of complaints closed concerned individuals who had intellectual disabilities (37%), physical disabilities (23%), and/or Autism spectrum disorders (21%). Where disclosed, individuals identified disabilities are shown in Figure 24.

Figure 24: Disabilities identified



Totals may not sum to 100% as a consumer may have multiple disabilities.

Over the past three reporting years, the proportion of complaints concerning individuals with sensory and speech disabilities has continually increased from 4% in 2017-18, to 9% in 2019-20.

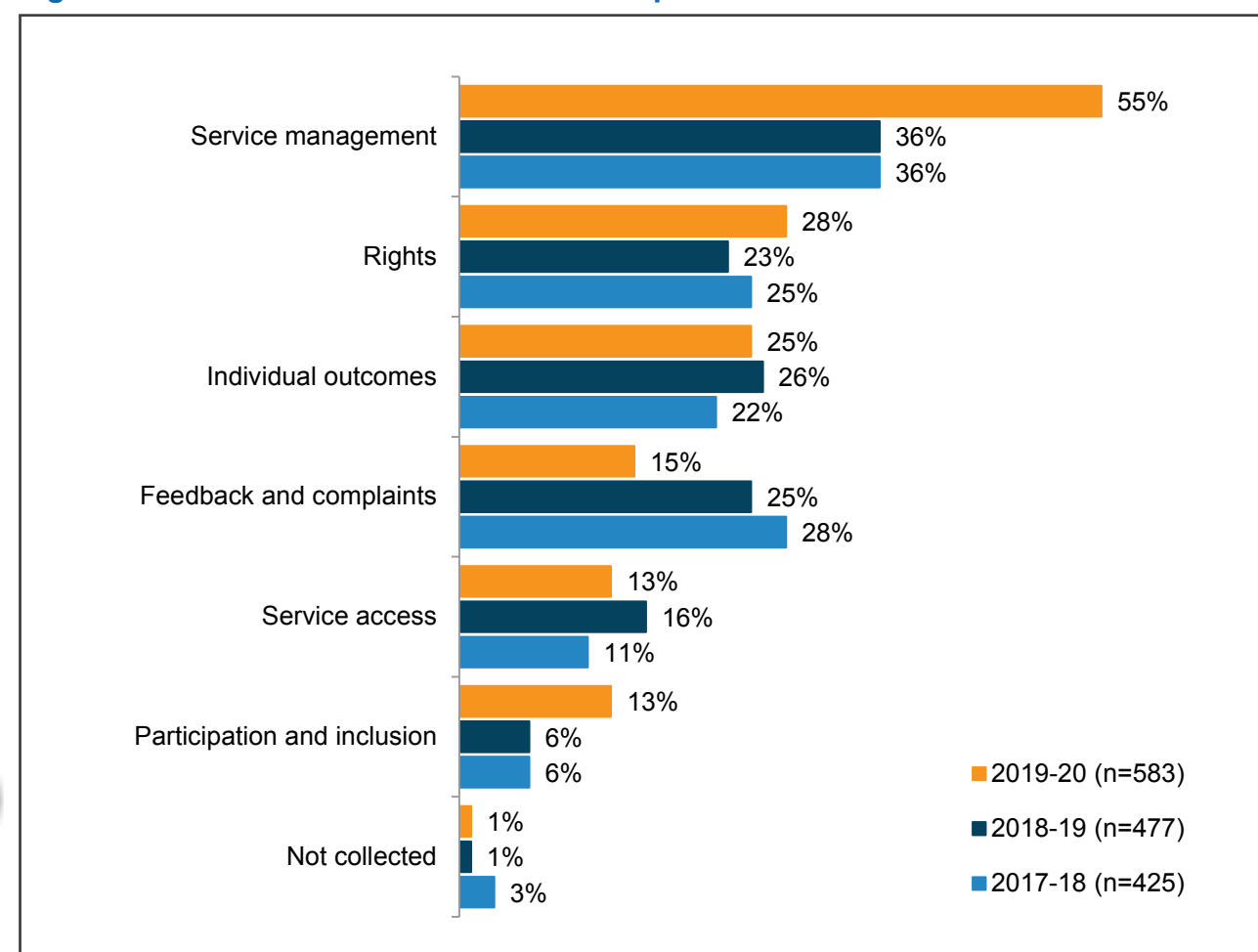
2.6.8 National Standards cited in complaints

The National Standards for Disability Services (National Standards) aim to promote and drive a nationally consistent approach to improving the quality of services. The National Standards focus on rights and outcomes for people with disability.

The Australian Government revised and tested the National Standards in 2012, before they were endorsed on 18 December 2013 by the Standing Council on Disability Reform which included ministers from all jurisdictions. People with disability, family, friends and carers, service providers, advocacy organisations and quality bodies informed the development of the revised National Standards. There are six National Standards that apply to disability service providers: rights; participation and inclusion; individual outcomes; feedback and complaints; service access; and service management.

For complaints closed by disability service providers in 2019-20, service management (55%), rights (28%), and individual outcomes (25%) were the National Standards most commonly cited in complaints, see Figure 25. Compared to the previous two reporting years, the proportion of complaints citing service management increased from 36% to 55%.

Figure 25: National Standards cited in complaints



Totals may not sum to 100% as a complaint may cite multiple National Standards.

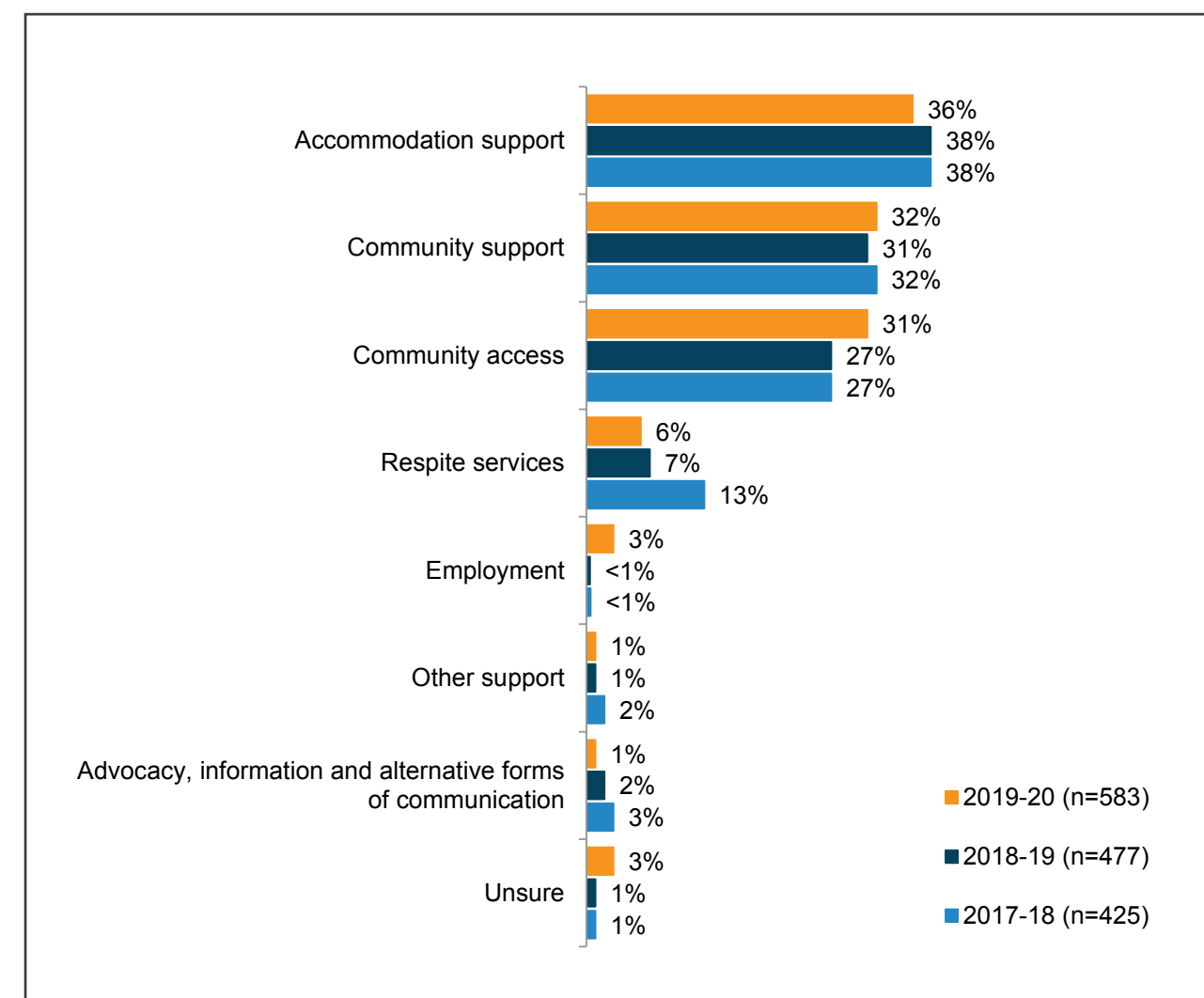
2.6.9 Disability service types

The specific disability service types identified in closed complaints over the past three years are shown in Figure 26.

In 2019-20, the majority of complaints concerned accommodation support (36%), community support (32%), and/or community access (31%), which remained generally consistent with prior years.

Over the past three years, a decreasing trend is shown for the number of complaints concerning respite; and advocacy, information and alternative forms of communication.

Figure 26: Disability service types



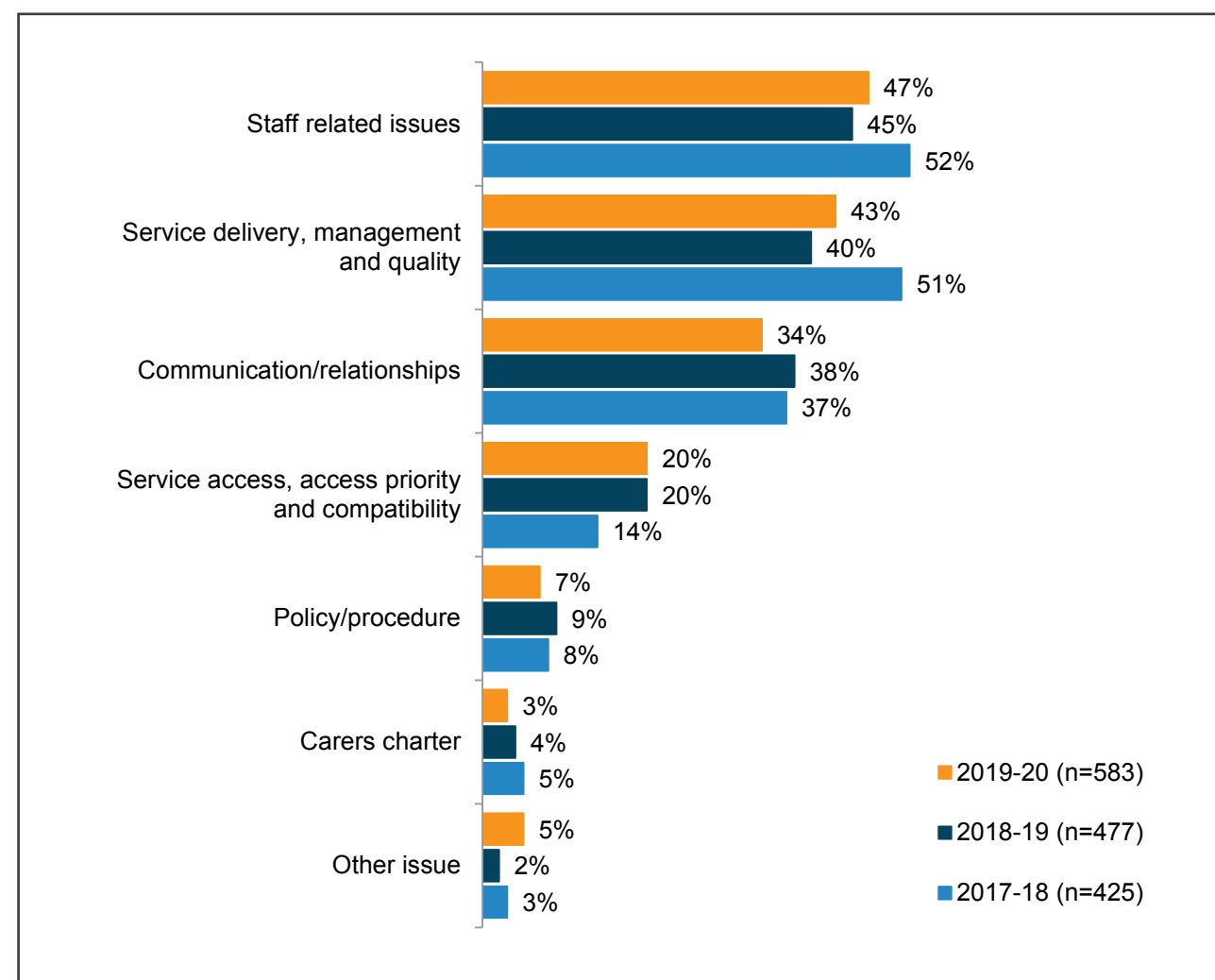
Totals may not sum to 100% as a complaint may identify multiple services.

2.6.10 Issues identified

In 2019-20, the most common issue types identified in complaints were staff related issues (47%), service delivery, management and quality (43%), and communication/relationships (34%).

While the comparative proportions changed over the past three years, the most common issue types remained consistent, as shown in Figure 27.

Figure 27: Issue identified



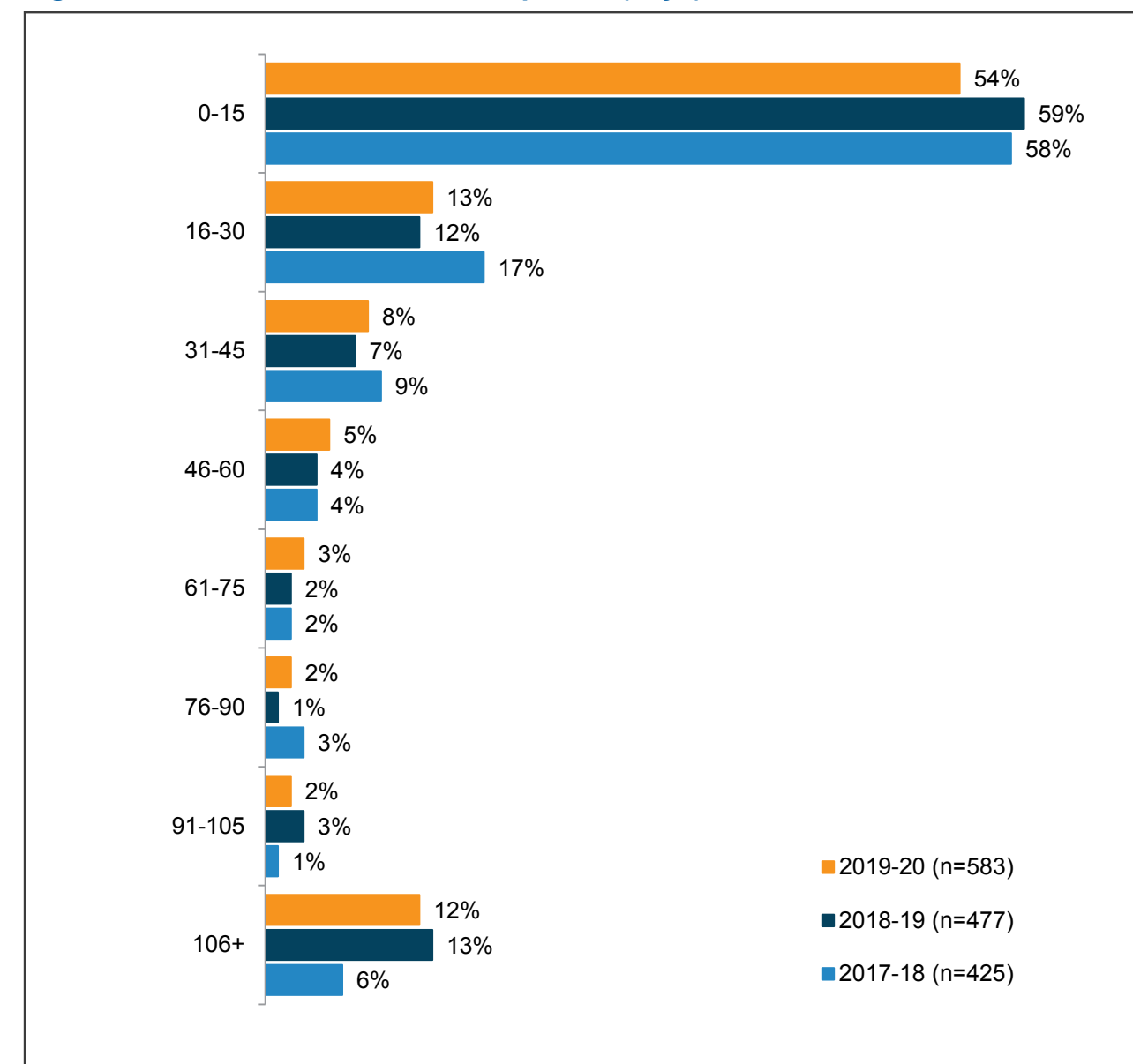
Totals may not sum to 100% as a complaint may identify multiple issues.

2.6.11 Time taken to resolve complaints

A breakdown of the time taken to resolve complaints over the past three years is shown in Figure 28.

In 2019-20, the majority of complaints (67%) were resolved in 30 days or less.

Figure 28: Time taken to resolve complaints (days)



Totals may not sum to 100% due to rounding.

2.6.12 Outcomes achieved

A range of outcomes were achieved from the complaints managed by disability service providers, including multiple outcomes for some complaints. In 2019-20, 1,679 outcomes were identified from the 583 complaints resolved. These outcomes were for the individual who accessed the service, for the person that made the complaint, or both.

The most common outcomes were acknowledgement of a person's views or issues (74%), an explanation or information about services provided (51%) or an apology from the service provider (44%). These outcomes were also the most common outcomes achieved in prior years. In 2019-20, the outcome that showed the largest proportional change from 2018-19 was change or improvement to communication (8% increase).

Table 2: Outcomes achieved

Outcome	2017-18 (n=425)	2018-19 (n=477)	2019-20 (n=583)
Acknowledgement of person's views or issues	78%	72%	74%
Explanation or information about services provided	48%	57%	51%
Apology from the service	48%	39%	44%
Change or improvement to communication	27%	23%	31%
Change or appointment of worker/case manager/co-ordinator	22%	19%	19%
Performance management, disciplinary action, feedback or training for workers	18%	11%	15%
Change existing support arrangements	9%	7%	7%
Access to an appropriate service	8%	8%	7%
Relocation/transfer to another internal or external service	6%	5%	7%
A change in policies or procedures	4%	4%	6%
Re-imburement/reduction of fees/waiver/compensation	2%	3%	4%
Review/improve/implement person's plan	7%	5%	4%
More choices/options provided to person	4%	4%	4%
Change or review of decision	2%	1%	2%
The person who made a complaint was offered avenues of external appeal or review	1%	0%	1%
Other outcome	8%	6%	12%
No outcome (yet)	<1%	1%	1%

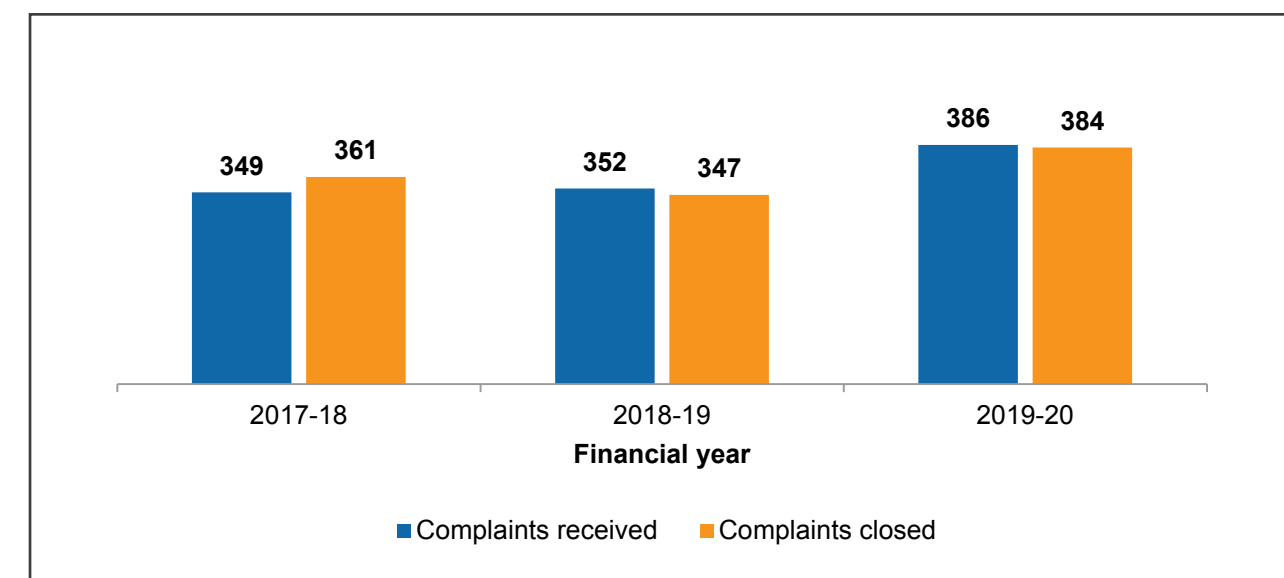
2.7 Complaints about mental health services

2.7.1 HaDSCO complaints data

HaDSCO received 386 complaints about mental health services in the 2019-20 financial year and closed 384 complaints. Figure 29 details the number of complaints about mental health services received and closed by HaDSCO over the past three years.



Figure 29: Complaints about mental health services



The complaint issue categories identified in the complaints closed by HaDSCO over the last three years are shown in Figure 30. Within each complaint category, a variety of issues may be identified by the individual making the complaint.

Case Study

Patient rights

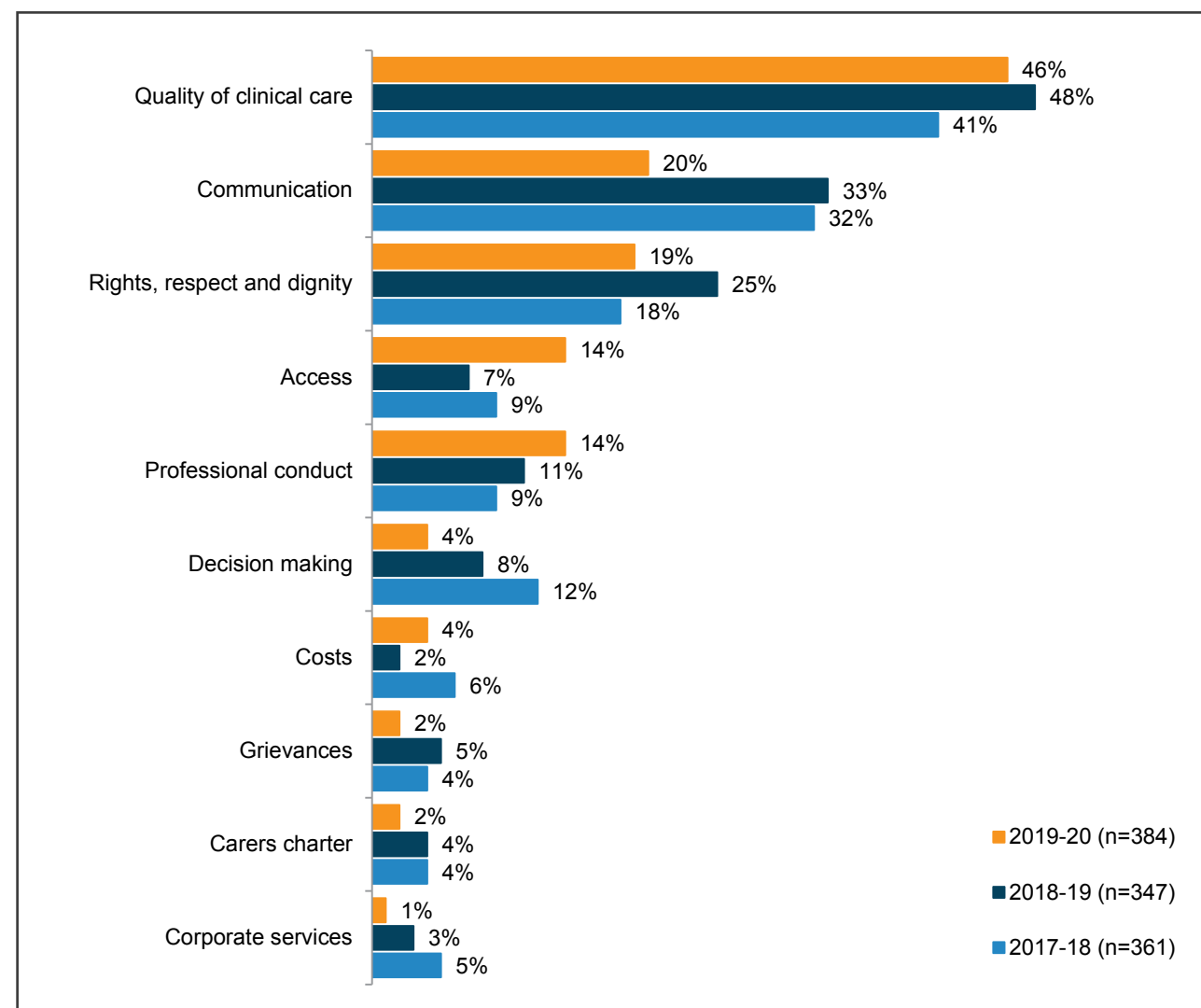
An individual was admitted as an involuntary patient under the *Mental Health Act 2014* and was not provided with the relevant forms and information regarding rights to a Mental Health Advocate.

HaDSCO facilitated a conciliation meeting for the individual to express their concerns about the impact of the mental health assessment process.

Through this process the service provider apologised to the individual for the distress caused as a result of the mental health assessment. A meeting was arranged to provide the individual with the relevant forms and have their views included as an addendum to the medical record.

As a result of the complaint resolution process, the service provider developed a case study for the orientation program for mental health staff.

Figure 30: Complaint issues identified



Percentage of all mental health complaints closed in the financial year. As multiple issues can be identified in each complaint, percentages may not sum to 100%.

In 2019-20, the majority of complaints concerned quality of clinical care, communication, and rights, respect and dignity. Specific trends observed include:

- Quality of clinical care continues to be the most commonly occurring issue raised in mental health complaints.
- Communication remains the second most commonly occurring concern in mental health complaints, significantly decreasing from 33% in 2018-19 to 20% in 2019-20.
- The proportion of complaints citing rights, respect and dignity decreased in comparison to the previous financial year, from 25% in 2018-19 to 19% in 2019-20, however, is reasonably consistent with 2017-18.
- The proportion of complaints citing access to mental health services has increased from 7% in 2018-19 to 14% in 2019-20.
- The proportion of complaints regarding decision making has decreased in each of the past three years from 12% in 2017-18 to 4% in 2019-20.

2.7.2 Mental health service types

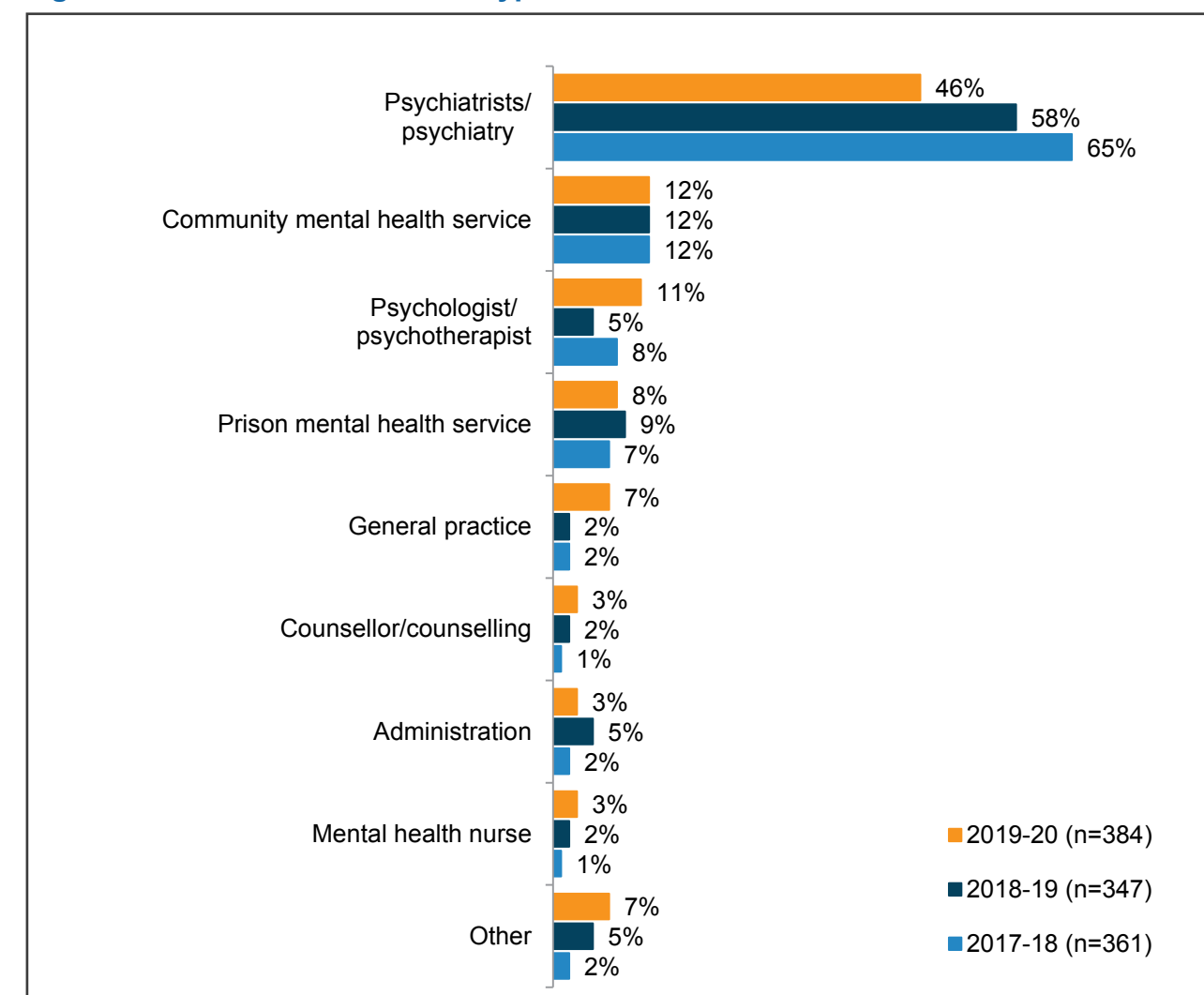
The specific mental health service types identified in complaints closed by the Office over the past three years are shown in Figure 31.

The service types that were most frequently the subject of complaints in 2019-20 were psychiatrists/psychiatry (46%), community mental health services (12%), and psychologist/psychotherapists (11%).

The proportion of complaints concerning psychiatrists/psychiatry has decreased from 65% in 2017-18 to 46% in 2019-20. There was an increase in the proportion of complaints regarding psychologist/psychotherapists to 11% in 2019-20 from 5% in 2018-19; while general practice complaints rose from 2% in 2017-18 to 7% in 2019-20.

The proportion of complaints regarding the other mental health service types remained relatively consistent.

Figure 31: Mental health service types



Totals may not sum to 100% due to rounding.

2.7.3 External complaints data – mental health services

Under section 75 of the *Health and Disability Services (Complaints) Act 1995* and the *Health and Disability Services (Complaints) Regulations 2010*, each year HaDSCO receives complaints data from prescribed service providers in Western Australia. As part of this process, HaDSCO receives data from a selection of public Health Service Providers about the mental health complaints they received.²

The information collected by HaDSCO is used to identify systemic issues and trends across the mental health sector and develop resource materials for stakeholders. The data collection also provides HaDSCO with the opportunity to work with service providers to improve their complaints management processes.

Only de-identified data is collected. The information collected includes:

- Number of complaints
- Demographics of consumers
- Complaint issues
- Complaint outcomes
- Timeliness of complaint resolution

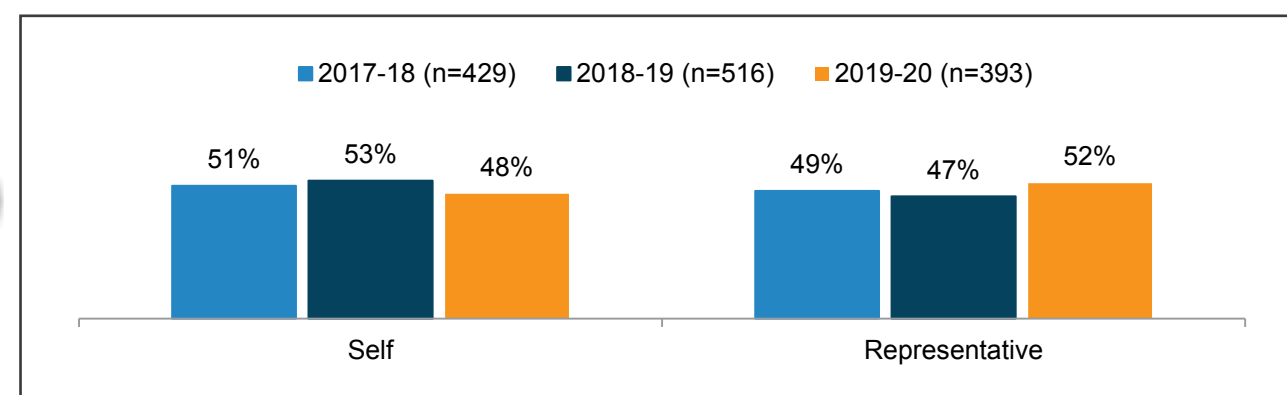
The aggregate data received by HaDSCO includes all mental health complaints received by the public Health Service Providers in 2019-20. The following preliminary analysis is based on the number of complaints received over the past three financial years.

In 2019-20, details of 393 complaints concerning 596 issues were submitted to HaDSCO. This represents a 24% decrease from 2018-19 in the number of complaints received (516 complaints) and a 26% decrease in the number of issues identified (807 issues).

2.7.4 Individual making the complaint

The proportion of complaints made by the person receiving the service in 2019-20 (48%) has decreased since 2018-19 (53%); complaints received directly by public Health Service Providers were more likely to be made by a representative of the individual who received the service, as shown in Figure 32.

Figure 32: Individual making the complaint

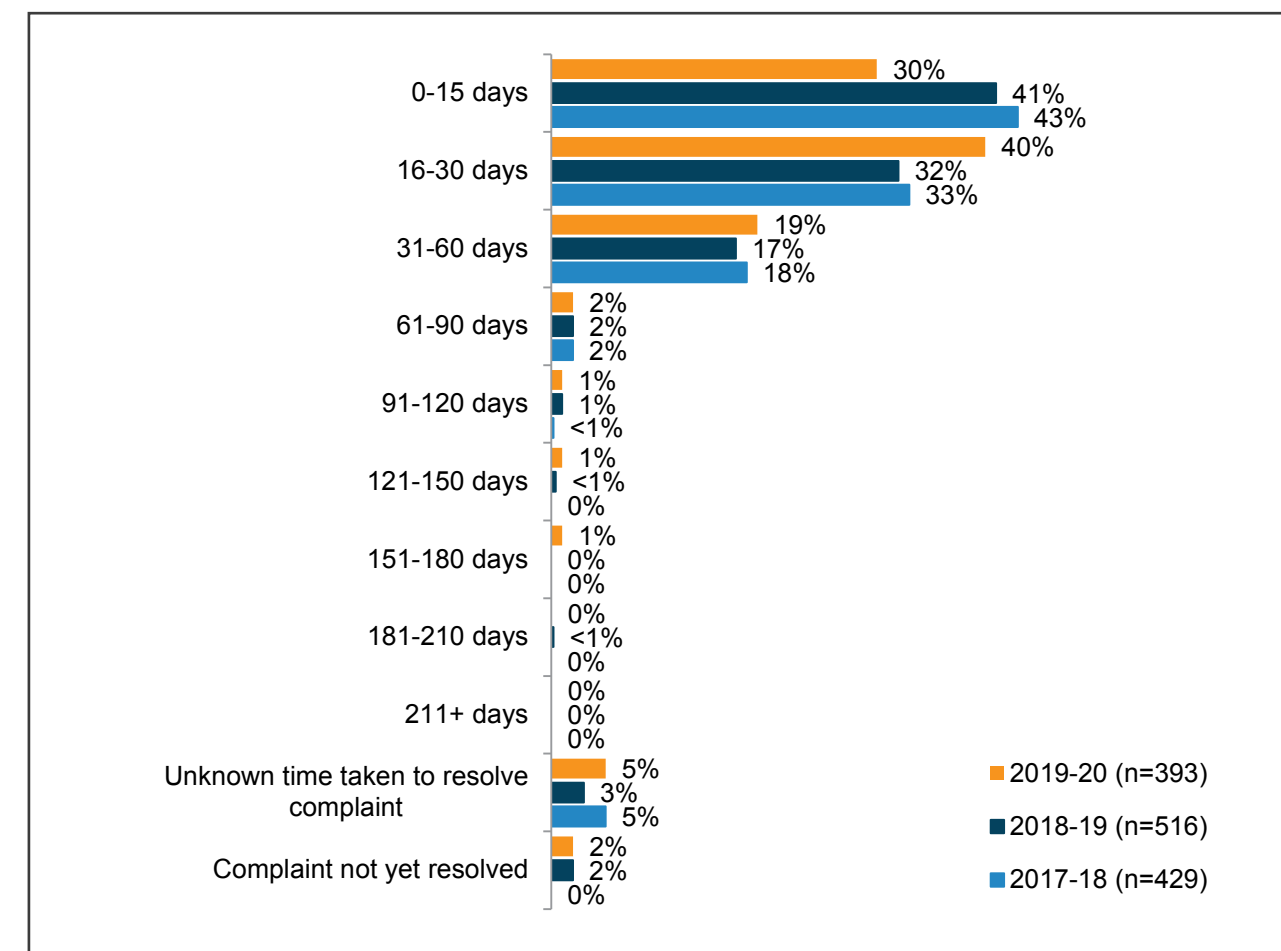


² The public Health Service Providers are: Child and Adolescent Health Service, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service and WA Country Health Service.

2.7.5 Time taken to resolve complaints

The time taken for public Health Service Providers to resolve mental health complaints over the past three years is shown in Figure 33. In 2019-20, the majority of complaints (70%) received directly by public Health Service Providers were resolved in 30 days or less.

Figure 33: Time taken to resolve complaints



Totals may not sum to 100% due to rounding.

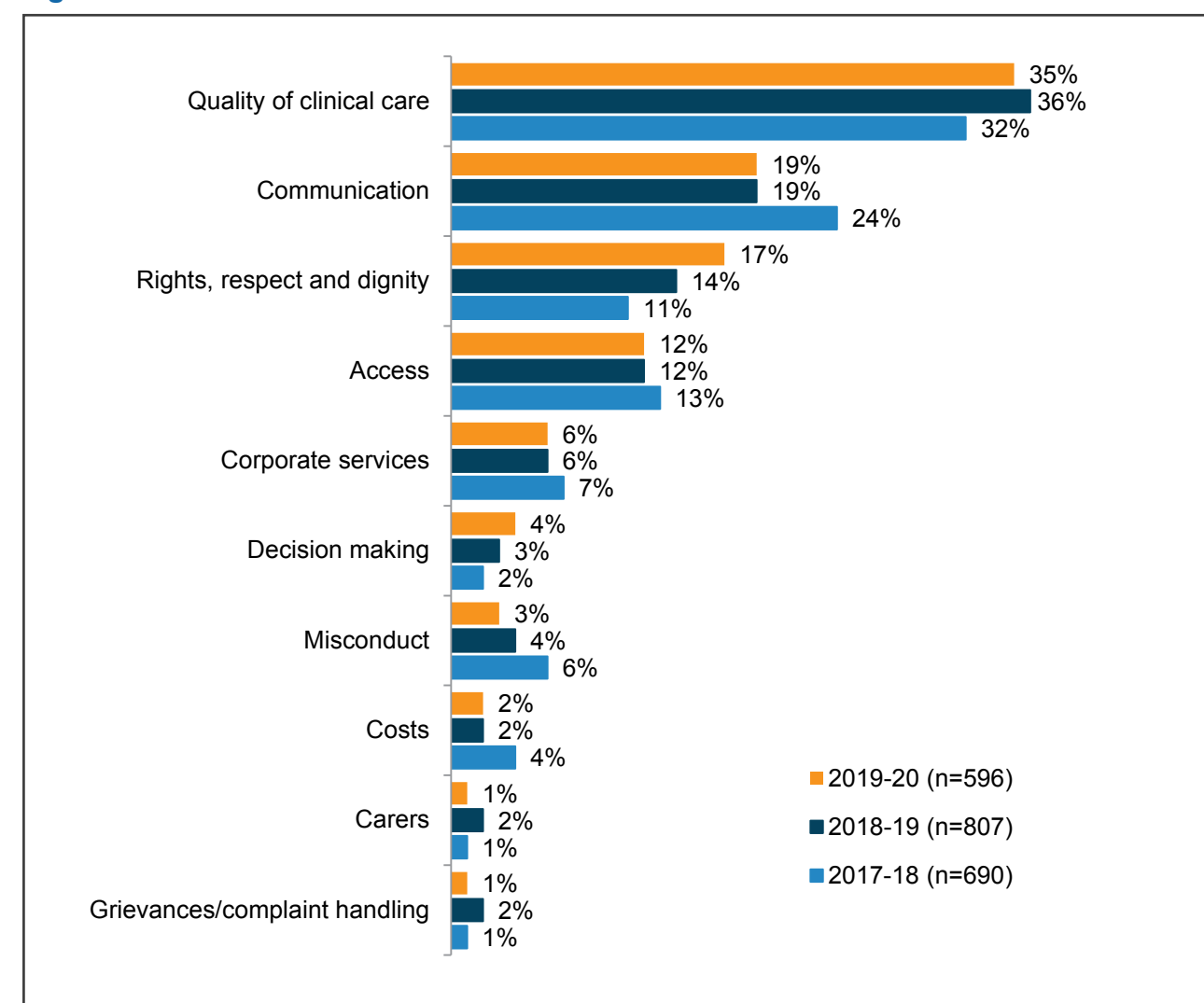
2.7.6 Issues identified

In 2019-20, quality of clinical care (35%), communication with patients and their representatives (19%); rights, respect and dignity (17%); and access to services (12%) were the issues most commonly identified.

The proportion of complaints concerning rights, respect and dignity shows an increasing trend over the past three years.

The issues identified in mental health complaints received by public Health Service Providers over the past three years are shown in Figure 34.

Figure 34: Issues Identified



Totals may not sum to 100% due to rounding.

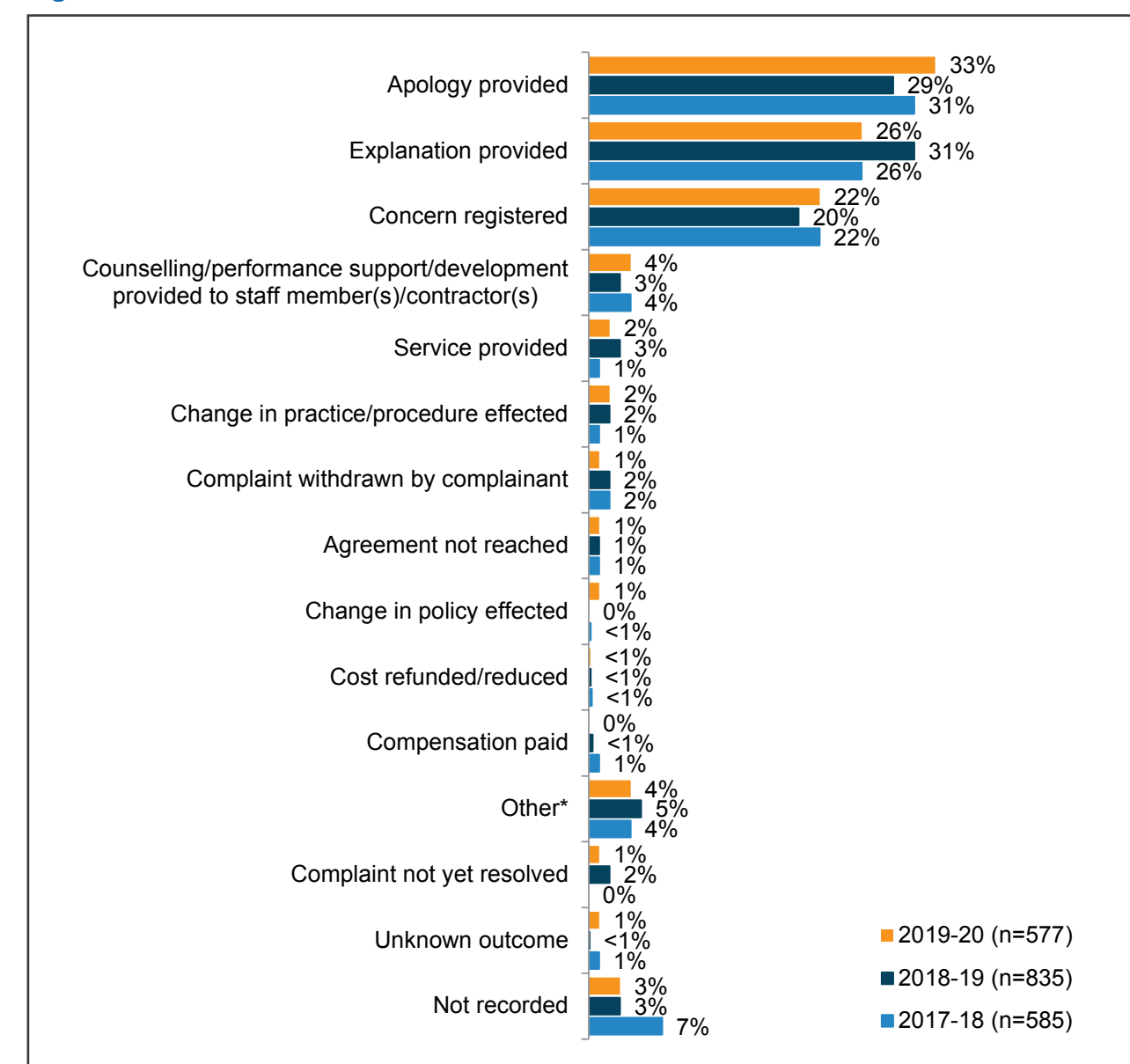
2.7.7 Outcomes achieved

A range of outcomes were achieved from the mental health complaints managed by public Health Service Providers. Over the past three years, the three most common outcomes have remained consistent: providing an apology; providing an explanation; or concern registered (acknowledging the concerns that resulted in a complaint being made).

While these remained the most common outcomes, 2019-20 saw an increase in the proportion of complaints resulting in an apology and concern being registered compared to 2018-19, and a decrease in the proportion of complaints resulting in an explanation provided.

The outcomes achieved in complaints received by Health Service Providers over the past three years are shown in Figure 35.

Figure 35: Outcomes achieved



Totals may not sum to 100% due to rounding.

*Other outcomes can include referral to another body or organisation (including regulatory authorities, consultants and contractors), review of clinical management and remedial or disciplinary action.

2.8 Complaints about COVID-19 matters

The information in this section of the report provides a summary of complaints received relating to COVID-19 matters during the pandemic. HaDSCO received its first COVID-19 complaint on 26 February 2020.

From 26 February to 30 June 2020, HaDSCO received a total of 956 complaints. Of these, 161 related to COVID-19 matters, accounting for 17% of the complaints received in this period. COVID-19 complaints comprise two categories and are referred to as:

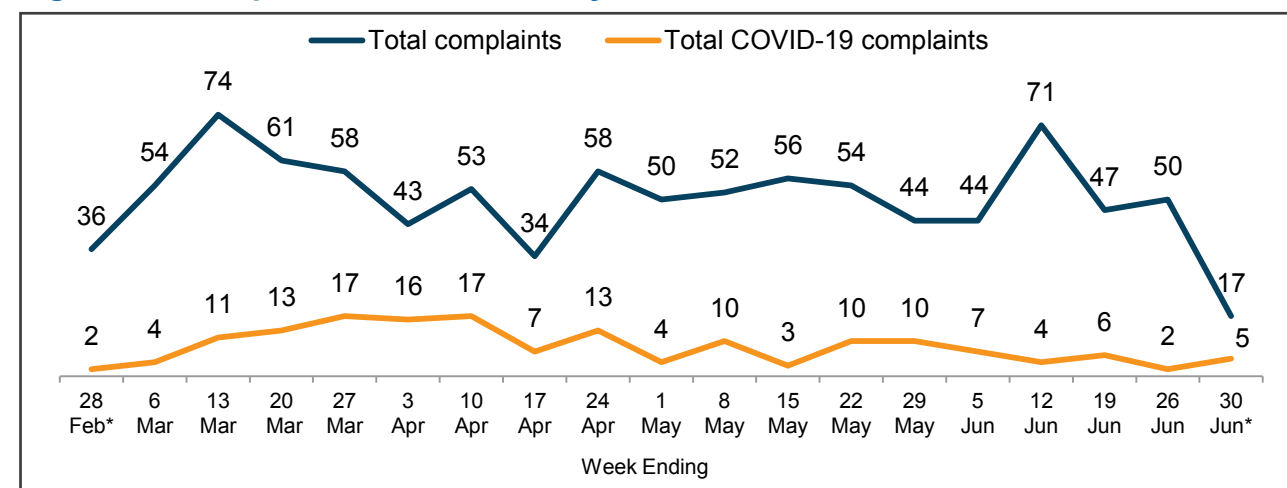
- Health, disability and mental health COVID-19 complaints.
- Non-health COVID-19 complaints.

During this period, HaDSCO monitored complaints received about COVID-19 matters. Of the 161 COVID-19 complaints, there were 106 health, six disability, two mental health, and 47 non-health COVID-19 complaints. The Office made arrangements with service providers to streamline complaint resolution processes to minimise impact on their service delivery during the pandemic and referred non-health COVID-19 matters to the most suitable organisation based on the information provided.

COVID-19 complaint data monitoring weekly breakdown

Details of the total number of complaints received by HaDSCO each week from 26 February to 30 June 2020, including COVID-19 complaints, are shown in Figure 36.

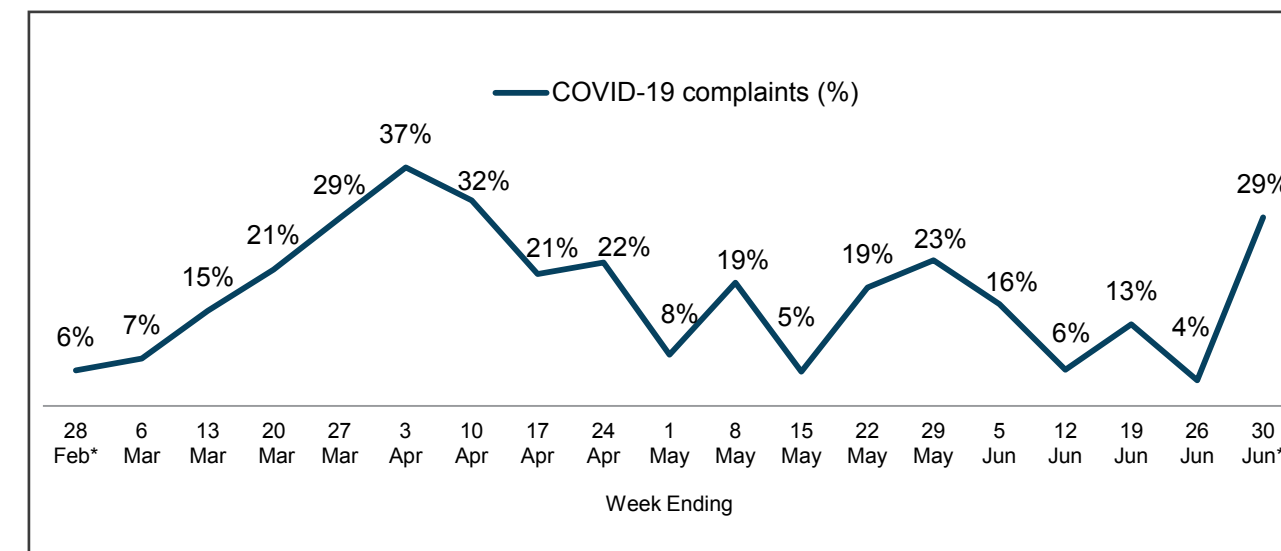
Figure 36: Complaints received weekly



*Week ending 28 February represents data inclusive of three days only and week ending 30 June represents data inclusive of two days only.

The number of complaints about COVID-19 matters has fluctuated during the pandemic. More complaints were received in the weeks of March and April compared to May and June.

Figure 37: Proportion of COVID-19 complaints received weekly

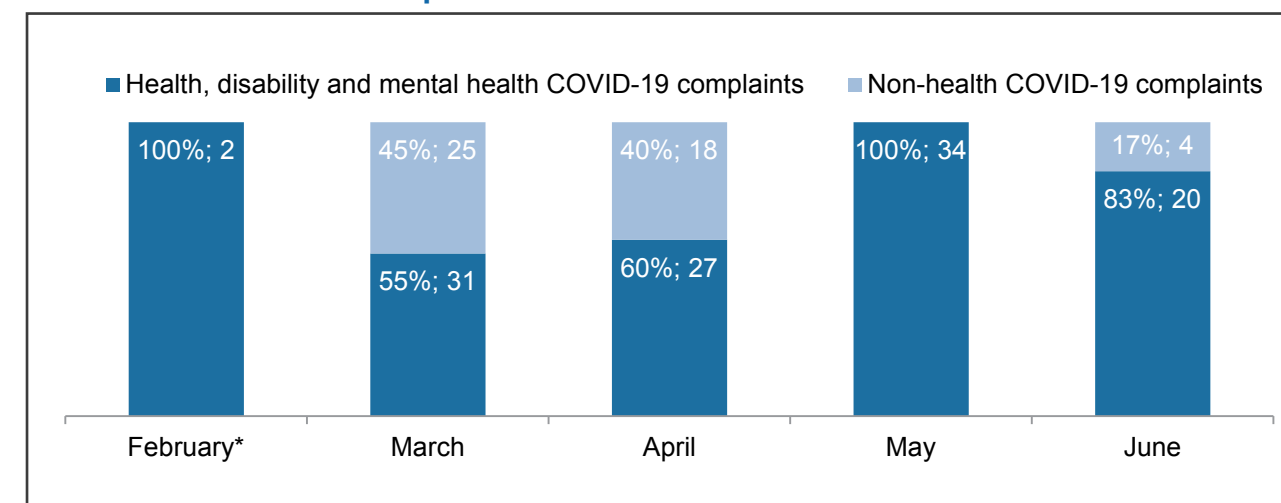


*Week ending 28 February represents data inclusive of three days only and week ending 30 June represents data inclusive of two days only.

Following an initial increase for the first six weeks, there was a period of variability in the proportion of COVID-19 related complaints between 6 April and 30 June 2020. For the short week ending 30 June 2020 (2 days), the proportion of complaints related to COVID-19 increased from the previous week from 4% to 29%.

Details of the breakdown of health, disability and mental health COVID-19 complaints compared with non-health related complaints are shown in Figure 38.

Figure 38: Health, disability, and mental health COVID-19 complaints compared to non-health COVID-19 complaints



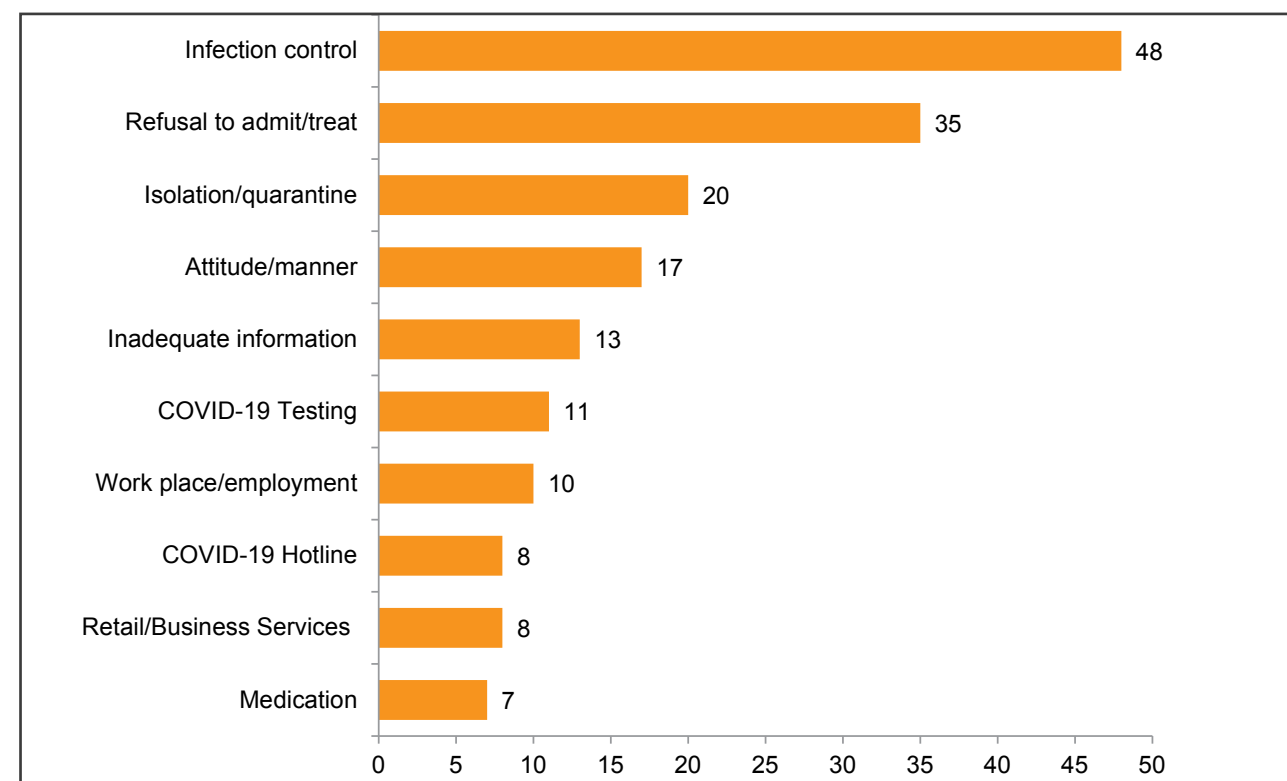
*February represents partial data only as HaDSCO received its first COVID-19 complaint on 26 February 2020.

During March and April 2020, HaDSCO received a combination of health, disability and mental health, and non-health COVID-19 complaints. From May 2020 onwards, the proportion of health, disability and mental health COVID-19 complaints increased compared to non-health COVID-19 complaints.

COVID-19 complaint issues

The complaints received by HaDSCO relating to COVID-19 concerned a wide range of issues, as shown in Figure 39. More details about the issues included in the complaint category headings are contained in Appendix 5.7.

Figure 39: COVID-19 complaint issue categories



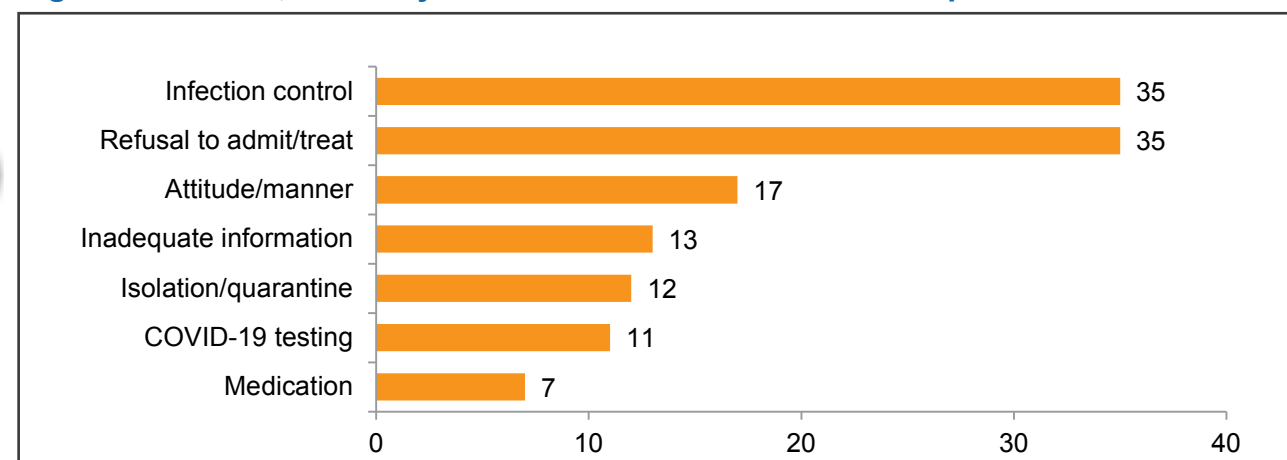
Totals do not sum to number of complaints as a single complaint may identify multiple issues.

At 30 June 2020, there were 177 complaint issues in the 161 COVID-19 complaints received.

COVID-19 complaint issues grouped by health, disability and mental health services and non-health related services

The breakdown of COVID-19 complaint issues for health, disability and mental health service-related matters and non-health services are shown in Figures 40 and 41.

Figure 40: Health, disability and mental health COVID-19 complaint issues

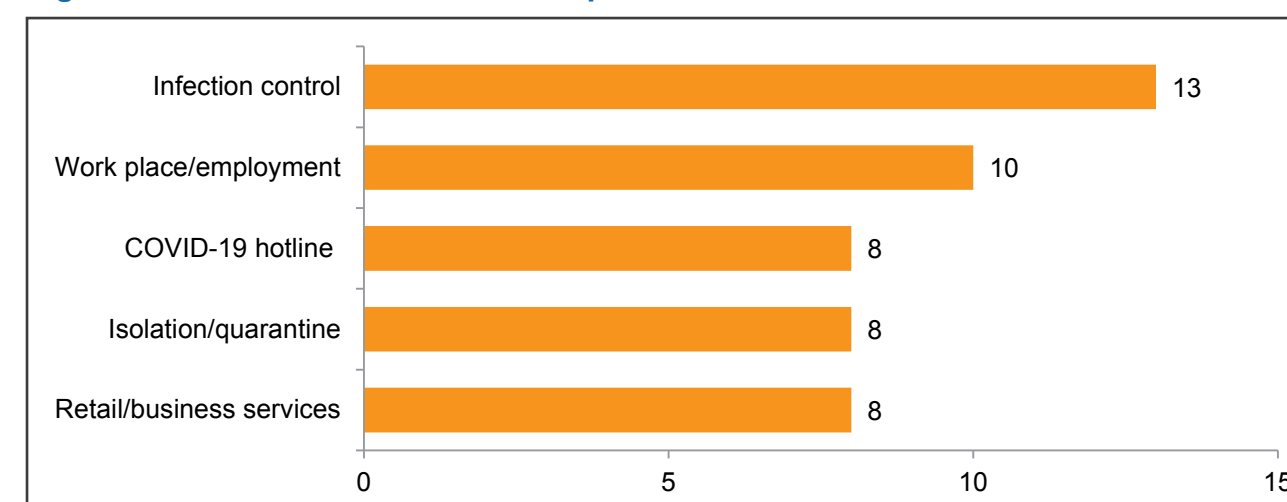


Totals do not sum to number of complaints as a single complaint may identify multiple issues.

At 30 June 2020, there were 130 COVID-19 complaint issues raised in the 114 health, disability and mental health COVID-19 complaints received. The most common occurring complaint issues were:

- Infection control – examples include non-adherence to standard infection control measures and social distancing requirements, for example the availability, provision and prescription of personal protective equipment and social distancing requirements.
- Refusal to admit/treat – examples include refusal to admit or treat a consumer during the COVID-19 pandemic. It includes when elective surgery has been delayed or cancelled.
- Attitude and manner – examples include where the service provider's manner is alleged to be rude; discourteous; negative; lacking sensitivity; or is patronising or overbearing.

Figure 41: Non-health COVID-19 complaint issues



At 30 June 2020, there were 47 non-health complaint issues raised in the non-health COVID-19 complaints received. The most common occurring complaint issues were:

- Infection control – examples include the non-adherence to infection control measures and social distancing requirements in public spaces.
- Work place/employment – examples include enquiries or complaints from employers or employees about COVID-19 related policies and procedures in a workplace.













Infection control and isolation/quarantine occur in both health, disability and mental health and non-health related complaints.

Educate and Train

2.9 Introduction

The following sub-section provides an overview of the Stakeholder Engagement Strategy and outcomes achieved under the strategic priority of educate and train, aligned with service two. Detailed information is included about the Stakeholder Engagement Strategy and a range of engagement initiatives in each sector, to facilitate the sharing of expertise and data to inform opportunities for service improvement.

2.10 Key highlights

-  200 outreach activities delivered including 5 presentations, 39 awareness raising activities, 138 consultations and 18 networking events.
-  Collaborated with Edith Cowan University to develop an on-line learning video for undergraduate nurses and midwives.
-  Prepared individual Report Cards for the five public Health Service Providers, two private service providers and the Department of Justice (Corrective Services) to enable them to gain an appreciation of the complaints managed by HaDSCO that relate to their health and mental health services.
-  Contributed to the National Disability Insurance Scheme Interface Steering Committee to ensure a coordinated whole-of-government approach to support Western Australians with disability.
-  Participated in an Agency Partnership Group to contribute to the development of a State Disability Strategy.
-  Ongoing engagement with the Mental Health Commissioner and Chief Psychiatrist regarding complaint trends to inform service delivery.
-  Participated in the Australian Commission on Safety and Quality in Health Care's consultation to develop the National Safety and Quality Digital Mental Health Standards.
-  Collaborated with Linkwest to deliver an information session to residents in eight regional areas facilitated by video link.
-  Participated in regional and metropolitan outreach to raise awareness of, and provide access to, HaDSCO's services.
-  Engaged with other accountability agencies and State Government departments on areas of shared interest and contributed to State and National policy reform initiatives.
-  Released the *Health Complaint Trends Report 2014-15 to 2018-19* and the *Disability Services Data Collection Report 2015-16 to 2018-19*.
-  Published a guide 'Complaints about disability services' and an information sheet titled 'How to complain about a disability service' in Easy English.

2.11 Stakeholder Engagement Strategy

Each year, HaDSCO undertakes a range of ongoing and tailored engagement activities with a variety of stakeholders across Western Australia and the Indian Ocean Territories. The aim is to raise awareness of HaDSCO and ensure the Office's services are accessible to all.

The Stakeholder Engagement Strategy January 2019 – June 2020 supports the following six engagement programs as shown below.



Additionally, through a Service Delivery Arrangement with the Australian Government, outreach with the Indian Ocean Territories remained a key focus during the period. The Australian Government, through the Department of Infrastructure, Regional Development and Cities – Territories Division, provides funding to HaDSCO to provide services to the Indian Ocean Territories.

2.12 Health sector

The Western Australian Sustainable Health Review (SHR) contains eight enduring strategies and 30 recommendations which seek to drive cultural and behavioural shifts across the health system.

HaDSCO continues to embed the enduring strategies into its education and training and stakeholder engagement functions with particular focus on those strategies covering person-centred, equitable, seamless access; great beginnings and a dignified end of life; commit and collaborate to address major public health issues; improving mental health outcomes; invest in digital healthcare and use data wisely; and a culture and workforce to support new models of care.

In 2019-20, HaDSCO engaged with a range of health stakeholders. This engagement provided excellent opportunities to share and exchange information about issues of shared interest. As part of educating and training the health sector, the Office also promotes the benefits of complaint handling and the sharing of complaints data to drive system changes.

Australian Health Practitioner Regulation Agency

HaDSCO and the Australian Health Practitioner Regulation Agency (Ahpra) have important roles in ensuring the public has access to safe and high quality health care. Ahpra supports the 15 National Boards which regulate Australia's registered health practitioners. Under the *Health Practitioner Regulation National Law (WA) Act 2010*, HaDSCO is required to consult with Ahpra about complaints that relate to registered health practitioners to determine which agency is best placed to manage the complaint.

HaDSCO and Ahpra have a strong working relationship through the sharing of knowledge about roles and responsibilities for complaints. This strong working relationship ensures the consultation process for complaints operates efficiently and effectively.

During 2019-20, the Office attended a range of meetings and stakeholder engagement events with Ahpra. HaDSCO also attended the Ahpra and National Boards National Registration and Accreditation Scheme (NRAS) combined meeting in Melbourne in February 2020. The focus of the meeting was Ahpra's National Scheme Strategy 2020-2025 and the launch of its Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025.

In October 2019, the Office delivered a presentation to the Podiatry Board of Australia on the role and functions of HaDSCO and the interface between the Office and Ahpra in relation to complaints about podiatry services.

HaDSCO Report Card Program

The Office places a strong focus on engaging with key health service providers. Each year, the Office produces individual Report Cards for the five public Health Service Providers, two private service providers and the Department of Justice (Corrective Services) to assist them to gain an appreciation of the complaints managed by HaDSCO that relate to their health and mental health services. A summary Report Card covering all five public Health Service Providers in WA Health is also provided to the Director General of the Department of Health, and the individual health service providers.

The Program has been of value to service providers and the Office uses feedback to drive Report Card enhancements each year. The reports provide a framework for meetings with Chief Executives of the individual providers. This year, a number of providers requested supplementary reports, which were completed and provided. In March 2020, HaDSCO delivered a presentation to the North Metropolitan Health Service's People Engagement and Culture Committee and its Safety and Quality Committee on key themes and trends identified in the Report Card.

The sharing of the complaints data with the service providers through the program is one approach HaDSCO takes to contribute to the enduring strategy in the SHR of using data to drive improvements in safety and quality in the provision of health care.

Aboriginal health

A key focus of HaDSCO is to raise awareness of its services with Aboriginal people. During 2019-20, the Office engaged with the Director of Aboriginal Health in the Department of Health to discuss development of a strategy to raise awareness of, and provide greater access to, HaDSCO's services for Aboriginal people. This built upon engagement with the Aboriginal community in a Kalgoorlie Regional Visit.

Development of a strategy was deferred during the COVID-19 pandemic and will now be a key focus for HaDSCO in 2020-21. The strategy will be informed by the key focus areas in the *WA Aboriginal Health and Wellbeing Framework 2015-2030*.

Office of the Chief Dental Officer

The Office met with the Chief Dental Officer to share and exchange information about issues arising in complaints specifically about dental services across Western Australia. As a result of this engagement, HaDSCO produced a Report Card covering complaints about dental services across the public, private and prison sectors. This initiative will be further developed in 2020-21, providing data to drive safety and quality.

Office of the Chief Nursing and Midwifery Officer

The Office met with the Chief Nursing and Midwifery Officer to highlight issues arising in complaints involving nursing and midwifery services. One outcome from this engagement has been establishing contact with education providers involved in the training of nursing and midwifery students.

Prison Health Services

It is important that HaDSCO's services are accessible to all those who wish to make a complaint. This includes people in Western Australian prisons. Of the total number of complaints closed in the 2019-20 reporting year, 18% of health complaints were about prison health services and 8% of mental health complaints were about prison mental health services.

During the year, HaDSCO visited one metropolitan prison, one regional prison and the juvenile detention centre. During these visits, HaDSCO staff met with prison Superintendents, senior staff and clinical nurse managers to discuss complaints about prison health services. Staff also met peer support officers, peer support prisoners and Aboriginal welfare officers. During the visits, opportunities were provided for individuals to raise complaints directly with HaDSCO staff. One particular complaint was resolved immediately upon returning to the Office which demonstrates the value in providing effective pathways for complaint remedies through these visits.

The Office also met with the Corrective Services Commissioner to discuss the complaint trends and themes identified in HaDSCO's Report Card for corrective services in the interests of identifying improvements across the prison system.

Further, during the year, HaDSCO met with officers from the Office of the Inspector of Custodial Services, in relation to complaint handling trends and strategic priorities for both Offices.

Edith Cowan University

Consistent with the Sustainable Health Review recommendation focusing on workforce capability, following discussions with the Chief Nursing and Midwifery Officer, the Office collaborated with Edith Cowan University to develop an on-line learning video for undergraduate nurses and midwives. The video focused on learning from complaints to educate practitioners at the earliest stages of their careers. The video provided information about the role and functions of HaDSCO, its interface with Ahpra, common issues that give rise to complaints about nursing and midwifery services, the benefits of patient-centred care and communication. It also identified ways that services have been improved as a result of complaints.

This initiative continues to position HaDSCO as an educator of future health and mental health workforces and other opportunities will be explored in this area in 2020-21.

Murdoch University

Building on work undertaken in the previous reporting year, a 2018-19 recorded lecture was re-purposed and delivered to university students in the allied health field in 2019-20. This lecture covered topics on how to improve the patient experience and manage complaints constructively. This is a further example of HaDSCO's education and training role to develop the workforce for the future.

Informational Poster - Australasian Doctors' Health Conference

HaDSCO developed an informational poster for the Australasian Doctors' Health Conference held in Fremantle in November 2019 entitled 'Using complaints to drive positive workplace change'. HaDSCO staff attended the conference and networked with participants to provide information about HaDSCO's collaboration with service providers to review and identify the causes of complaints and to suggest ways of removing and minimising those causes.

National Code of Conduct for health care workers

Progressing the implementation of the National Code of Conduct for health care workers (National Code) in Western Australia continues to be a key focus for the Office. The preparation for drafting of amendments to the *Health and Disability Services (Complaints) Act 1995* to provide for the National Code and for its implementation in Western Australia through regulations is progressing. As implementation will require legislative change, timing for implementation is not currently known.

Following implementation in Western Australia, HaDSCO will be responsible for managing complaints about health care workers who have allegedly breached a provision of the National Code, and initiating 'own motion' investigations into possible breaches of the National Code. The Director of HaDSCO will be able to issue prohibition orders for breaches of the National Code requiring a health care worker to cease practice, or placing conditions on their practice, where their conduct presents a serious risk to public health and safety.

During 2019-20, HaDSCO responded to enquiries about the National Code as they arose.

Palliative care

HaDSCO attended the Palliative Care Summit in August 2019. The aim was to bring together professionals, general practitioners and stakeholders, consumers and primary care givers to discuss palliative care issues and the future direction of palliative care in Western Australia.

HaDSCO also participated in on-line forums during Palliative Care Week in May 2020 which addressed the topic of Compassionate Care in Residential Aged Care before and during the pandemic.

Engagement for implementation of the Voluntary Assisted Dying Act 2019

The Sustainable Health Review enduring strategy, relating to great beginnings and a dignified end of life will be a particular focus in 2020-21. The voluntary assisted dying legislation was passed by State Parliament in December 2019. Once the *Voluntary Assisted Dying Act 2019* comes into operation, HaDSCO will be able to receive complaints about the voluntary assisted dying process, which is expected to be in mid-2021.

In 2019-20, HaDSCO participated in discussions with the Department of Health regarding the implementation of this new jurisdiction. These discussions will continue in 2020-21 and HaDSCO will develop a communications plan to ensure the community is informed of this important new function.

2.13 Disability sector

Disability sector stakeholder engagement has been a key focus for the Office in 2019-20 in the lead up to the transition of the National Disability Insurance Scheme (NDIS) complaints jurisdiction to the NDIS Quality and Safeguards Commission (NDIS Commission).

While complaints about disability services comprise a comparatively small proportion of the complaint volume, they are often complex and may involve multiple stakeholders in the resolution process. Through its complaints function, HaDSCO has a key role in contributing to quality and safeguarding for people with disability in Western Australia. It is important that the transition of the complaints jurisdiction to the NDIS Commission is managed efficiently and effectively for the benefit of those people who wish to make complaints, people with disability and for disability service providers.

Details of stakeholder engagement activities in this important area of work are provided below.

National Disability Insurance Scheme Interface Steering Committee

HaDSCO is a member of the National Disability Insurance Scheme Interface Steering Committee (NISC). The NISC was established by the Department of the Premier and Cabinet in 2018, to ensure a co-ordinated and consistent whole-of-government approach to support Western Australians with disability.

HaDSCO has responsibility for the delivery of three NISC Work Plan 2019-20 interface issues. These are:

- HaDSCO is co-lead with the Department of Communities for the effective transition of relevant complaints to the NDIS Commission.
- HaDSCO is the lead agency responsible for the Disability Services Data Collection Program under section 48A of the *Disability Services Act 1993* and the *Disability Services Regulations 2004*.
- HaDSCO is the lead agency for the work plan item covering access to a complaints system during the transition period.

HaDSCO continues to ensure that it delivers outcomes on these work plan initiatives and provides regular reports to the NISC, the Deputy Premier; Minister for Health; Mental Health and the Minister for Environment; Disability Services; Electoral Affairs.

Department of Communities and the NDIS Commission

In the lead up to transition, HaDSCO has engaged in a range of meetings with the Department of Communities and the NDIS Commission. These meetings cover strategic and operational matters and are intended to support transition. HaDSCO was consulted on the development of NDIS Commission documents which set out arrangements for complaint handling as part of quality and safeguarding prior to and post transition.

The Department of Communities also met with HaDSCO to advise on its new policy on the use of restrictive practices in disability services titled the Authorisation of Restrictive Practices in Funded Disability Services (the Policy). The Policy applies to the use of restrictive practices in disability services funded either through the NDIS or by the State Government and comes into effect on 1 December 2020.

Engagement during deferred transition period

Following the State Government's announcement on 21 May 2020 that it will defer Western Australia's transition to the NDIS Commission until 1 December 2020, the Office undertook a number of actions to ensure awareness of, and provide assurance about, HaDSCO's ongoing role up to the day of transition, and to ensure that the NDIS complaints jurisdiction transitions in an efficient and effective manner. Correspondence was forwarded to advocates/peak industry groups, service providers and relevant State Government departments. To ensure completeness in the approach, HaDSCO updated its website and a meeting was held with the Executive Director, People With Disabilities (WA) Inc.

National Disability Services Conference

In September 2019, HaDSCO hosted an information and education exhibit at the State National Disability Services Conference. The theme of the conference was 'What Matters Most – Solutions for Today and Tomorrow' and considered the changes that will shape the disability sector into the future. This event allowed HaDSCO to connect directly with peak disability industry and advocacy groups and disability service providers, in addition to, community members. It was an important opportunity to raise awareness of HaDSCO's role to assist individuals, their families and carers to make complaints.

State Disability Strategy

HaDSCO participated in an Agency Partnership Group convened by the Department of Communities to contribute to the development of the State Disability Strategy which will set the foundations for building a more inclusive Western Australia for people with disability over the next ten years.

Commonwealth Continuity of Support Programme

HaDSCO participated in the Commonwealth Continuity of Support Programme Information Session in September 2019 to better understand the key changes to the delivery of services under the programme and the funding arrangements with the Commonwealth.

Liaison with the National Disability Insurance Agency

HaDSCO staff liaised with the Community and Mainstream Engagement team from the National Disability Insurance Agency to strengthen links and establish appropriate complaint referral mechanisms during the transition period.

2.14 Mental health sector

HaDSCO has an important role in contributing to improving mental health services in Western Australia through the resolution of complaints, stakeholder engagement and education in the prevention of the causes of complaints.

HaDSCO continues to embed the enduring strategies of the Western Australian Sustainable Health Review (SHR) into its service delivery in both its complaints resolution and education and training functions, with particular focus on those strategies that relate to improving mental health outcomes for Western Australians.

Mental Health Commission

During 2019-20, HaDSCO met with the Mental Health Commissioner to share information about mental health service complaints and the key trends and themes observed. Staff also met with Commission staff as part of its consultation on proposed amendments to the *Mental Health Act 2014*.

Office of Chief Psychiatrist

The Office met with the Chief Psychiatrist (OCP) regarding complaint trends and matters of shared interest. Arrangements for the referral of complaints from the Office of the Chief Psychiatrist were reconfirmed, noting this is an effective mechanism to ensure that individuals are directed to HaDSCO for assistance with their complaints in a timely manner. In addition, HaDSCO discussed the OCP Standards for Hospital Authorisations under the *Mental Health Act 2014* in the context of complaints management.

Mental Health Week

HaDSCO attended the Western Australian Mental Health Conference in November 2019, hosted by the Western Australian Association for Mental Health, with the support of the Mental Health Commission. HaDSCO used this opportunity to meet with conference delegates, to share and exchange information about the Office and to gain a broader appreciation of issues which impact on the delivery of mental health services in Western Australia, nationally and internationally.

The learnings from opportunities of this nature serve to inform the Office's stakeholder engagement and service delivery.

National Safety and Quality Digital Mental Health Standards

Digital mental health services are being used more widely and offer innovative ways for service users and carers to access those services. On 1 April 2020, HaDSCO participated in the Australian Commission on Safety and Quality in Health Care's on-line consultation forum, with a wide range of stakeholders, to develop the National Safety and Quality Digital Mental Health Standards. The consultation forum addressed key safety and quality risks for digital mental health service users which will contribute to the development of best practice standards for service providers and assurance for service users.

2.15 Community

There has been a strong emphasis on community engagement for the Office in 2019-20. The Office connected with the Western Australian community on many occasions through stakeholder engagement and outreach activities and events across regional, remote and diverse communities in Western Australia.

Kalgoorlie Regional Visit

In December 2019, HaDSCO participated in the Regional Awareness and Accessibility Program visit to Kalgoorlie at the invitation of the Ombudsman Western Australia. The Commonwealth Ombudsman and the Equal Opportunity Commission Western Australia also participated in this visit.

The purpose of the visit was to raise awareness of, and promote accessibility to, our respective services for this regional community. HaDSCO undertook a range of community engagement activities in partnership with these agencies.

These included a presentation to community members at an Aboriginal Information session. HaDSCO was also invited with the Ombudsman Western Australia, to visit the Boulder and Ninga Mia Aboriginal community camps. The visit provided the opportunity to speak directly with members of the Aboriginal community and to provide information about HaDSCO's service.

HaDSCO participated in two complaint clinics. These clinics provided an opportunity to directly engage with members of the community and to provide information and brochures to members of the public. In addition, HaDSCO met with staff at the Kalgoorlie Hospital and had the opportunity to provide information about the role and functions of the Office. Staff also undertook two visits to the Eastern Goldfields Regional Prison which provided an opportunity to discuss health care concerns with staff and peer support prisoners.

Staff also met with representatives of the following stakeholders:

- Aboriginal Family Law Services
- Aboriginal Legal Service of Western Australia Limited
- Anglicare WA
- Bega Garnbirringu Aboriginal Health Services
- Eastern Goldfields Community Centre
- Goldfields Individual and Family Support Association
- Headspace Kalgoorlie
- Hope Community Services
- Sussex Street Community Law Services Inc.
- Wirrpanda Foundation, Goldfields

Publications were provided to the hospital and prison and delivered to a range of health, disability and mental health service providers, advocacy services and community organisations.

The visit to Kalgoorlie presented an excellent opportunity to collaborate with other accountability agencies which provide complaint resolution services and to exchange information about complaint opportunities and complaint trends with key stakeholders, such as members of the Aboriginal community, hospitals, prisoners and prison health staff.

Linkwest

HaDSCO collaborated with Linkwest throughout 2019-20 to reach regional communities in an efficient and cost effective manner. Linkwest provides information and guidance, customised support and training resources to the community managed not-for-profit sector, and is the peak body for Community Resource Centres (CRCs) which disseminate information to local communities.

In August 2019, HaDSCO presented an information session to residents in regional areas, via video link from the Linkwest office. Eight CRCs participated in this initiative. The opportunity provided HaDSCO with an avenue to reach the following regional and remote communities at the one time:

- Bremer Bay
- Cunderdin
- Dongara
- Frankland River
- Lancelin
- Mount Barker
- Tambellup
- Walpole

HaDSCO advertised in Linkwest's e-bulletin prior to the information session to raise awareness of the Office's services and to promote the information session. This initiative positioned HaDSCO to effectively engage with CRC representatives when HaDSCO hosted an information and education exhibit at the Linkwest 'People, Place, Partnerships Conference' in October 2019, attended by over 200 delegates from neighbourhood CRCs across the state.

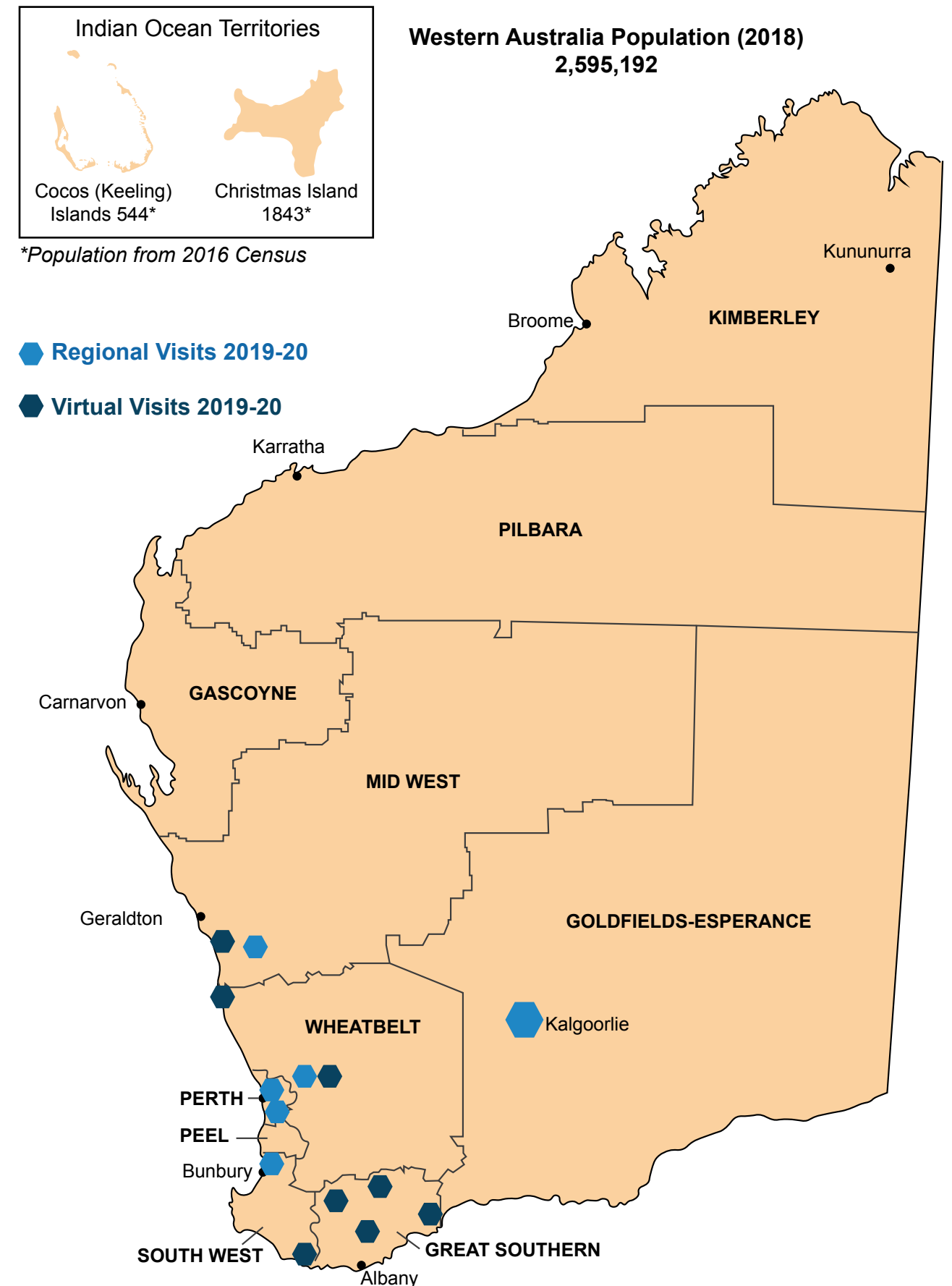
The conference provided a unique opportunity to interface with state-wide CRC representatives with portfolios across the health, disability and mental health sectors and a constructive avenue for the Office to communicate its commitment and support to regional and remote communities in Western Australia. HaDSCO provided community education to approximately 100 individuals across the two days.

HaDSCO also posted a feature article in the Linkwest e-bulletin during the COVID-19 pandemic to raise awareness of the Office's services in the regions, and to inform the community that HaDSCO continued to operate during this time. HaDSCO's general information brochure has been made available in CRCs across Western Australia and is available for ordering via the CRCs Quick Post system.

1 Agricultural Shows and Field days

At the invitation of Consumer Protection - Department of Mines, Industry Regulation and Safety, HaDSCO participated in the delivery of outreach activities by attending metropolitan and regional agricultural shows and field days in Kelmscott, Wanneroo, Busselton, Dowerin and Mingenew. HaDSCO provided information to the community through its information and education exhibits.

2 The purpose was to raise awareness of HaDSCO's services with members of the community; disseminate informational material; and network with other education and information exhibitors including schools, community groups and State Government stakeholders. A planned visit to Harvey was cancelled due to the pandemic.



Regional Map of Western Australia adapted from
Department of Local Government, Sport and Cultural Industries

Aboriginal Communities

The Office has previously engaged with Aboriginal communities through the Aboriginal Health Council of Western Australia's Annual Conference. HaDSCO was scheduled to host an information and education exhibit at the 2020 conference; unfortunately this was cancelled due to the COVID-19 pandemic.

Cultural and Linguistic Diverse community

As part of HaDSCO's commitment to the Cultural and Linguistic Diverse (CaLD) community, general information leaflets were translated into Italian and Vietnamese. The launch of this initiative aligned with Harmony Week in March 2020. HaDSCO currently publishes information in six languages, including two languages used in the Indian Ocean Territories.

In September 2019, HaDSCO hosted a community information and education exhibit at the Multicultural Women's Expo at Balga North Metropolitan TAFE. The event, hosted by Ishar Multicultural Women's Health Services, drew a large audience of women from a range of cultural backgrounds. HaDSCO provided community education to 80 individuals during the event, which also provided an opportunity for people to initiate a complaint with the Office and request information in a variety of languages. HaDSCO also participated in an on-line session of the East Metro Multicultural Network Meeting and distributed translated resources to members of the Network.

HaDSCO participates in the CaLD and Disability Services Interagency Network Meeting hosted by the Ethnic Disability Advocacy Centre. These meetings aim to bring service providers from the disability and culturally and linguistically diverse sectors together to share information, raise issues for systemic advocacy, and networking.

Indian Ocean Territories



To complement the delivery of complaints management services, HaDSCO endeavours to visit the Indian Ocean Territories (IOT) each year to raise awareness of the support services available and provides information in local languages.

Building on a successful visit model in April 2019 when HaDSCO visited the IOT in collaboration with

the Consumer Protection - Department of Mines, Industry Regulation and Safety (DMIRS) and the Department of Local Government, Sport and Cultural Industries, HaDSCO planned a visit in March 2020 with DMIRS, the Equal Opportunity Commission Western Australia and the Ombudsman Western Australia.

A state of emergency was declared in the IOT on 18 March 2020 to protect the remote community from COVID-19 and a travel ban was implemented. Consequently, HaDSCO's visit planned for March 2020 was postponed.

Homeless Connect

HaDSCO participated in the November 2019 Homeless Connect event held in Russell Square, Northbridge. Homeless Connect Perth provides a one-stop shop model of service provision to homeless people. The event provided an opportunity for individuals to discuss their experiences and lodge a complaint in person. The forum provided a beneficial

opportunity to engage with hard to reach community members as well as to raise awareness of HaDSCO with consumers and service providers. As a result of engaging with attendees in 2019, HaDSCO staff were able to speak with approximately 100 individuals about the role and functions of the Office.

Youth focus

The Office continued to focus on youth engagement in 2019-20, building on initiatives implemented in 2018-19. Complaints involving children and young people are often submitted to HaDSCO by their parents who have responsibility for their health care in their early years. However, in recognition that young people transition to a stage in life when they take responsibility for their own health care and visit a doctor or other health professional on their own, the Office has a range of youth specific resources to assist this demographic group. The resources include an Information Sheet, covering what a young person can expect when visiting a health service and how to make a complaint if they are not satisfied with the service received, a website page for children and young people and a poster.

In 2019-20, as part of a communications strategy, HaDSCO arranged a targeted distribution of the youth resources to peak bodies to further raise awareness of these resources and HaDSCO's role in dealing with complaints from young people. HaDSCO delivered a presentation to the Ministerial Youth Advisory Council in December 2019 to raise awareness of the Office's services and seek feedback about the resources.

Health Consumers' Council

Each year, HaDSCO engages with the Health Consumers' Council (HCC) to share and exchange information about the complaints process and more broadly about complaint trends. This engagement also provides an opportunity to share and exchange information about strategic priorities and areas of focus for HaDSCO and the HCC.

In 2020, initial planning commenced for HaDSCO's Complaints Resolution Team to meet with the HCC's Advocacy Team. It was proposed that this would enable the sharing of information about the roles and functions of both, focusing on the importance of complaints to provide remedies for individuals to enable access to person-centred health care and to drive system changes for others. However, this initiative was deferred due to the COVID-19 pandemic.

Mental Health Matters 2

HaDSCO participated in a panel hosted by Mental Health Matters 2 (MHM2) in August 2019. During the event, MHM2 launched its Treatment, Support and Discharge Planning resource for family members and carers of a person who has been detained for mental health treatment. The resource contains reference to HaDSCO as a point of contact for assistance. As a panel member, HaDSCO provided information about the role and functions of the Office.

2.16 Government and Other Stakeholders

Health Complaints Commissioners (Australia and New Zealand)

Each year the leaders of the Health Complaints Entities across Australia and New Zealand, collectively known as the Health Complaints Commissioners, meet to share and exchange information about operations and process improvements, and emerging health reforms which influence the delivery of quality complaints systems.

HaDSCO attended a Health Complaints Commissioners' meeting in Canberra in October 2019 which included a particular focus on the Royal Commission into Aged Care Quality and Safety in the context of the provision of health services in aged care settings; implementation of the National Code of Conduct for health care workers; Aboriginal health; and models of health and mental services operating in the Australian Capital Territory. Ahpra also attended to provide information on key strategic issues.

In May 2020, HaDSCO attended a virtual Commissioners' meeting. The focus was to share and exchange information about business continuity arrangements during the COVID-19 pandemic and complaint trends over this period, including complaints specifically relating to COVID-19 issues.

Disability Complaints Commissioners (Australia and New Zealand)

Across Australia and New Zealand, the leaders of the Disability Complaints Entities, collectively known as the Disability Complaints Commissioners, meet to share and exchange information about operations and process improvements, and emerging disability reforms which influence the delivery of quality complaints systems.

The Disability Complaints Commissioners met in Canberra in October 2019 where the meeting focused on the transition of disability complaint jurisdictions across Australia to the NDIS Quality and Safeguards Commission (NDIS Commission). This meeting also provided an opportunity to discuss the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. Joining as members of the group for the first time were the NDIS Commissioner who provided information about the status of transition, and the Ageing and Disability Commissioner from New South Wales who spoke about the role of this new office.

To assist HaDSCO's preparation for the transition of the NDIS complaints jurisdiction, HaDSCO has liaised with counterparts across Australia to gain a broader appreciation of transition issues. In 2019-20, this included liaison with the Disability Services Commissioner in Victoria. These opportunities have been extremely valuable to enable the Office to be well positioned for a smooth transition.

Independent Oversight Working Group for the Royal Commission into Institutional Responses to Child Sexual Abuse

HaDSCO is a member of the Independent Oversight Working Group for the Royal Commission into Institutional Responses to Child Sexual Abuse, established by the Department of the Premier and Cabinet to support implementation of the Royal Commission's recommendations for independent oversight of child related services.

The Office has contributed to the development of an independent oversight system, including establishing a reportable conduct scheme; monitoring and enforcement of the

the child safe standards; independent oversight of out-of-home care providers; and independent oversight of youth detention. In particular, HaDSCO has contributed to the review of complaints handling in youth detention.

Royal Commission into Aged Care Quality and Safety

In September 2019, HaDSCO provided complaint statistics relating to aged care complaints and other documents in response to a 'Notice to Give' issued by the Royal Commission into Aged Care Quality and Safety.

Western Australian Steering Group for the Royal Commission into violence, abuse, neglect and exploitation of people with disability

HaDSCO is a member of the Western Australian Steering Group for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability which is being led by the Department of Communities. The Steering Group was established to support the Western Australian government's interface with the Disability Royal Commission and enable information sharing and collaboration across State Government agencies.

Commissioner for Consumer Protection

During the year, HaDSCO met with the Commissioner for Consumer Protection - Department of Mines, Industry Regulation and Safety. This provides an opportunity to share and exchange information about areas of overlap between complaints managed under Australian Consumer Law which involve health, disability and mental health services, and those managed through HaDSCO's processes.

HaDSCO also collaborates with staff in the Consumer Protection Division for joint outreach and community engagement initiatives. Preliminary discussions occurred about a joint visit to the Dampier Peninsula and will be further progressed in 2020-21.

Commissioner for Children and Young People

HaDSCO meets each year with the Commissioner for Children and Young People. This provides an opportunity to share and exchange information about complaints involving young people and the strategic initiatives of both offices. This provides a valuable opportunity for HaDSCO to highlight areas of youth focus in service delivery.

Policy and Reform

During 2019-20, HaDSCO contributed by invitation to a number of national and state policy reform initiatives. These included:

- The Australian Commission on Safety and Quality in Health Care consultation on the review of the Australian Open Disclosure Framework.
- The Australian Department of Health's consultation on its Aged Care Worker Regulation Scheme Consultation Paper.
- The Australian Dispute Resolution Advisory Council paper titled Conciliation: A Discussion Paper.
- Feedback to the Department of the Premier and Cabinet in response to its Privacy and responsible Information Sharing for the Western Australian public sector Discussion paper.

- A submission to Ahpra on the Accreditation Standards for Paramedicine.
- Feedback to Ahpra to inform the development of an Information Sheet – Supporting a safe choice about cosmetic injectibles.
- Chief Psychiatrist Guidelines for the Sexual Safety of Consumers of Mental Health Services in Western Australia.

Collaborating with Accountability Agencies

HaDSCO is a member of the Accountability Agencies Collaborative Forum which held its inaugural meeting in October 2019. Working together, the agencies consider opportunities for collaborative approaches to common areas of shared work interest, and co-ordinate information sharing to minimise duplication of activities and to maximise the effectiveness of the accountability agencies. There is also a focus on enhancing awareness of, and access to, accountability agency services for Aboriginal Western Australians, including opportunities to work collectively to listen to, collaborate with, and work for Aboriginal Western Australians.

As part of response and recovery planning for the COVID-19 pandemic, the members of the Collaborative Forum attended virtual meetings. These meetings facilitated the sharing and exchange of information about business continuity and co-ordinated approaches for agile and adaptive working arrangements while ensuring strong governance controls are maintained.

HaDSCO is co-located with a number of accountability agencies in Albert Facey House. Collectively, these agencies engage and collaborate to promote integrity across the public sector. This includes joint initiatives such as regional visits and the sharing of expertise in areas of common interest.

At the request of the Public Sector Commissioner, HaDSCO contributed to a co-ordinated independent oversight agency response on governance and accountability arrangements as a result of the pandemic. The co-ordinated response included measures across the public sector to ensure that appropriate oversight remains in place, while recognising the need for response and recovery planning and the need to continue to deliver frontline services and support functions.

Ministerial support

HaDSCO has an important role, providing advice and information to the State Government through close liaison with the Office of the Deputy Premier; Minister for Health; Mental Health, in line with the statutory reporting function.

As part of this reporting function, the Office responded to a range of parliamentary questions on a variety of issues and prepared briefing notes and drafts replies to correspondence for specific issues as required. HaDSCO provided regular briefing notes on COVID-19 complaint trends throughout the pandemic.

In addition, HaDSCO liaises and provides information to the Minister for Environment; Disability Services; Electoral Affairs on issues related to the disability sector where they arise.

2.17 Communications

Health Complaints Data Collection Program

A key function of HaDSCO's role includes identifying and reviewing the causes of complaints, suggesting ways of removing and minimising those causes, and providing the public with information about the types of complaints received.

Under section 75 of the *Health and Disability Services (Complaints) Act 1995* and the *Health and Disability Services (Complaints) Regulations 2010*, the Director of HaDSCO receives annual complaint statistics from prescribed health providers in Western Australia. This is known as the Health Complaints Data Collection Program (HCDCP). Once submitted, HaDSCO analyses the information to identify broad trends and systemic issues that relate to all, or a proportion of, health service providers. A high level summary of the trends is presented in the Office's Annual Report each year.

Following a more in-depth analysis of the complaint data received through the HCDCP, the Office released a *Health Complaint Trends Report 2014-15 to 2018-19*. The report is discussed with service providers on request. In 2019-20, one provider requested an additional tailored report to assist them to evolve their services.

Through the HCDCP, HaDSCO is pleased to provide data to identify systemic issues and trends to drive strategy for the provision of patient-centred health care.

Disability Services Complaints Data Collection Program

Under section 48A of the *Disability Services Act 1993* and the *Disability Services Regulations 2004*, HaDSCO receives and reports annually on de-identified complaints data from prescribed government and non-government disability providers in Western Australia. This reporting function is, known as the Disability Services Data Collection Program (DSDCP).

A high level summary of the complaints data is contained in HaDSCO's Annual Report. Following further analysis, HaDSCO released the *Disability Services Data Collection Report 2015-16 to 2018-19*. The report provides an analysis of the complaint trends observed across four financial years for the prescribed disability providers. The report can assist service providers to learn from complaints and identify opportunities for improvement to provide greater support for people with disability.

Guide to disability service complaints

HaDSCO published a guide titled 'Complaints about disability services' to assist individuals to navigate complaints processes for disability services at a State and National level. The one page guide is available through HaDSCO's website.

Easy English information sheet

HaDSCO published an information sheet titled 'How to complain about a disability service', in an Easy English format. This also contains visual aids to assist the reader. The information sheet is available on the HaDSCO website. The information sheet also introduced HaDSCO's new visual icon designs which will be incorporated on the revised website in 2020-21 to improve accessibility and engagement.

Significant Issues and Trends

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3.1 Introduction

HaDSCO has an important role in contributing to improving health, disability and mental health services in Western Australia and the Indian Ocean Territories. In 2019-20, the Office has worked closely with stakeholders to identify, evaluate and respond to the changing environment. HaDSCO has adapted its service delivery to meet the changing needs of the community, service providers and other stakeholders. HaDSCO has also supported strategic reforms by identifying and evaluating emerging issues to contribute to better outcomes for people.

3.2 Significant issues and trends

3.2.1 Responding to policy initiatives and reform programs

National Disability Insurance Scheme

HaDSCO is continuing to resolve complaints about services provided through the National Disability Insurance Scheme (NDIS) until the transition to the NDIS Quality and Safeguards Commission (NDIS Commission).

On 21 May 2020, the Minister for Environment; Disability Services; Electoral Affairs announced that Western Australia and the Commonwealth had agreed to defer the transition of NDIS quality and safeguarding functions to the NDIS Commission to 1 December 2020.

HaDSCO has participated in transition discussions with the NDIS Commission and the Department of Communities. As a member of the NDIS Interface Steering Committee, HaDSCO is continuing to contribute to work program priorities to ensure a co-ordinated and consistent whole-of-government approach to support Western Australians with disability. In 2020-21, HaDSCO will continue to support the NDIS transition and work with the Department of Communities to confirm ongoing arrangements for complaints about State funded disability services post the NDIS transition, to contribute to safeguarding people with disability.

Voluntary assisted dying

The voluntary assisted dying legislation was passed by State Parliament in December 2019. Once the *Voluntary Assisted Dying Act 2019* comes into operation, HaDSCO will be able to receive complaints about the voluntary assisted dying process, which is expected to be in mid-2021. During 2020-21, HaDSCO will work with the Voluntary Assisted Dying Implementation Project Steering Committee and the Department of Health regarding implementation of this new jurisdiction.

National Code of Conduct for health care workers

Progressing the implementation of the National Code of Conduct for health care workers (National Code) in Western Australia continues to be a key focus for the Office. The preparation for drafting of amendments to the *Health and Disability Services (Complaints) Act 1995* to provide for the National Code and for its implementation in Western Australia through regulation is progressing. As implementation will require legislative change, timing for implementation is not currently known. This will be a new jurisdiction for HaDSCO.

Sustainable Health Review

The Western Australian Sustainable Health Review (SHR) Final Report (April 2019) contains eight enduring strategies and 30 recommendations which seek to drive a cultural and behavioural shift across the health system. HaDSCO continues to embed the enduring strategies into its service delivery in both its complaints resolution and education and training functions.

3.2.2 Royal Commissions

The Office continues to contribute to working groups established to respond to Royal Commission recommendations, as well as contributing to Royal Commissions which are currently in progress. HaDSCO is a member of the Independent Oversight Working Group for the Royal Commission into Institutional Responses to Child Sexual Abuse, and a member of the Western Australian Steering Group for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. In September 2019, HaDSCO provided complaint statistics relating to aged care complaints and other documents in response to a 'Notice to Give' issued by the Royal Commission into Aged Care Quality and Safety.

3.2.3 Contributing to improving health, disability and mental health outcomes

Through complaint resolution and education and training outcomes, HaDSCO endeavours to drive system change and inform continuous improvement programs for service providers. To this end, the Office provides individual Report Cards to public and private health service providers and the Department of Justice (Corrective Services) to assist them to gain an appreciation of the complaints managed by HaDSCO that relate to their services. A summary Report Card covering the five public Health Service Providers is provided to the Deputy Premier; Minister for Health; Mental Health and to the Director General of the Department of Health. The Office also releases complaint trend reports which provide an analysis of the complaints data submitted by external prescribed providers each year. Together, these reports enable HaDSCO to share data to enable providers to identify opportunities for service improvement.

The Office is continually exploring opportunities to promote the learnings from complaints to assist the sectors to develop their workforces for the future. A current focus is collaborating with health education providers to train practitioners at the earliest stages of their careers about the learnings from complaints which highlight the benefits of patient-centred care, improved communication and documentation.

3.2.4 Access to services

HaDSCO implements strategies to ensure its services are accessible to all Western Australians and individuals in the Indian Ocean Territories. Areas of focus in 2019-20 were Aboriginal communities; regional communities; children and young people; and culturally and linguistically diverse communities. The 2020-21 Stakeholder Engagement Strategy will build on these initiatives through targeted and responsive service delivery with stakeholders.

3.2.5 COVID-19 pandemic

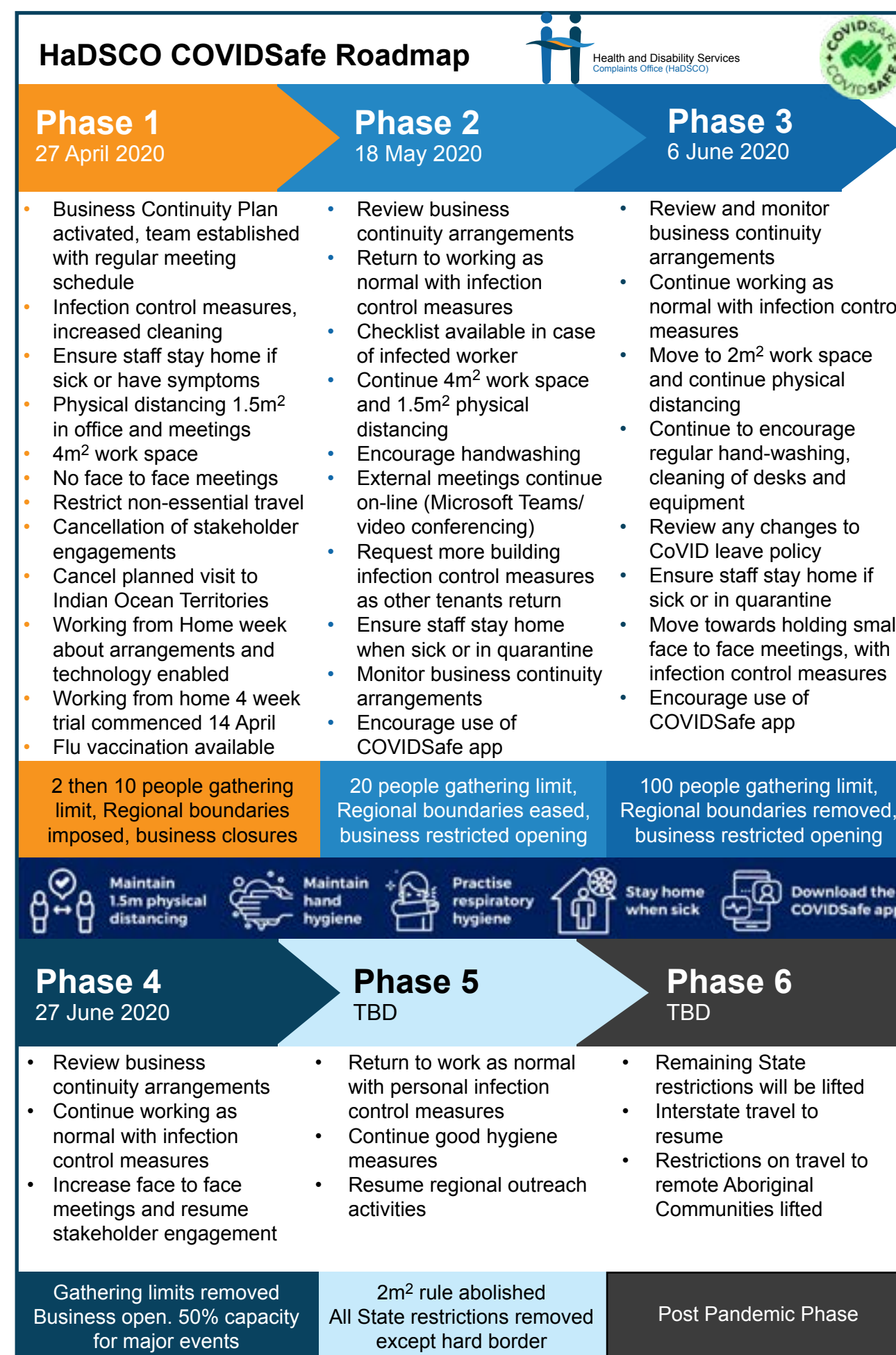
The Office has adopted responsive working arrangements during the pandemic to ensure complaints about COVID-19 matters receive priority. A HaDSCO COVIDSafe Roadmap was developed for business operations (shown opposite), together with a Business Continuity Plan and a Pandemic Plan.

Complaint statistics and data trends about COVID-19 matters are reported to the Deputy Premier; Minister for Health; Mental Health, the Public Sector Commissioner and the Director General of the Department of Health in the interest of assisting with response and recovery planning. The Office will continue to monitor these complaints during 2020-21.

3.2.6 Governance and accountability

The Office continues to implement strategies to strengthen governance and accountability, building on the new governance framework established in 2016-17. HaDSCO will be established as a separate Budget Paper 2 agency from the 2020-21 financial year. Associated with this, the Office has undertaken a minor review of its Key Performance Indicators which will come into effect in the same period. The Office also established an Internal Audit Committee, which was further strengthened in response to *Treasurer's Instruction 1201 Internal Audit*.

Following funding approval, HaDSCO is implementing a new case management system for improved functionality. The new system will support a more efficient complaint resolution service and strengthen the Office's capability to share data more broadly across the sectors. These initiatives demonstrate the Office's ongoing commitment to strong governance, accountability and transparency.



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4.1 Introduction

In this section information is provided on the outcomes achieved under the strategic priority of governance for the Office.

This includes the Financial Statements, Key Performance Indicators, other financial disclosures, employment and industrial relations, governance disclosures, other legal requirements and other disclosures.

4.2 Key highlights

Key highlights for 2019-20 included:

-  Maintained strong performance against Key Performance Indicators and operated within a strong accountable framework.
-  Completed a review of the Key Performance Indicators in preparation to become a separate Budget Paper 2 agency in the 2020-21 reporting year.
-  Continued to focus on strengthening records management by completing a functional review of the electronic records management system.
-  Further improved governance and accountability measures through the establishment of an Internal Audit Committee which was further strengthened with the introduction of *Treasurer's Instruction 1201 Internal Audit*.
-  Developed and implemented a Workforce Diversity Plan for the attraction and retention of staff.
-  Developed and published the Service Charter on the HaDSCO website that outlines the expectation from HaDSCO when a complaint is made.
-  Implemented a Business Continuity Plan and Pandemic Plan to guide services for the COVID-19 pandemic.

4.3 Financial Statements

4.3.1 Independent Auditor's Report



Auditor General

INDEPENDENT AUDITOR'S REPORT

To the Parliament of Western Australia

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE

Report on the financial statements

Opinion

I have audited the financial statements of the Health and Disability Services Complaints Office which comprise the Statement of Financial Position as at 30 June 2020, the Statement of Comprehensive Income, Statement of Changes in Equity, Statement of Cash Flows, and Summary of Consolidated Account Appropriations for the year then ended, and Notes comprising a summary of significant accounting policies and other explanatory information.

In my opinion, the financial statements are based on proper accounts and present fairly, in all material respects, the operating results and cash flows of the Health and Disability Services Complaints Office for the year ended 30 June 2020 and the financial position at the end of that period. They are in accordance with Australian Accounting Standards, the *Financial Management Act 2006* and the Treasurer's Instructions.

Basis for opinion

I conducted my audit in accordance with the Australian Auditing Standards. My responsibilities under those standards are further described in the Auditor's Responsibility for the Audit of the Financial Statements section of my report. I am independent of the agency in accordance with the *Auditor General Act 2006* and the relevant ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial statements. I have also fulfilled my other ethical responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibility of the Director for the financial statements

The Director is responsible for keeping proper accounts, and the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards, the *Financial Management Act 2006* and the Treasurer's Instructions, and for such internal control as the Director determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Director is responsible for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Western Australian Government has made policy or funding decisions affecting the continued existence of the agency.

Auditor's responsibility for the audit of the financial statements

As required by the *Auditor General Act 2006*, my responsibility is to express an opinion on the financial statements. The objectives of my audit are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A further description of my responsibilities for the audit of the financial statements is located on the Auditing and Assurance Standards Board website at https://www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of my auditor's report.

Report on controls

Opinion

I have undertaken a reasonable assurance engagement on the design and implementation of controls exercised by the Health and Disability Services Complaints Office. The controls exercised by the agency are those policies and procedures established by the Director to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions (the overall control objectives).

My opinion has been formed on the basis of the matters outlined in this report.

In my opinion, in all material respects, the controls exercised by the Health and Disability Services Complaints Office are sufficiently adequate to provide reasonable assurance that the receipt, expenditure and investment of money, the acquisition and disposal of property and the incurring of liabilities have been in accordance with legislative provisions during the year ended 30 June 2020.

The Director's responsibilities

The Director is responsible for designing, implementing and maintaining controls to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities are in accordance with the *Financial Management Act 2006*, the Treasurer's Instructions and other relevant written law.

Auditor General's responsibilities

As required by the *Auditor General Act 2006*, my responsibility as an assurance practitioner is to express an opinion on the suitability of the design of the controls to achieve the overall control objectives and the implementation of the controls as designed. I conducted my engagement in accordance with Standard on Assurance Engagements ASAE 3150 *Assurance Engagements on Controls* issued by the Australian Auditing and Assurance Standards Board. That standard requires that I comply with relevant ethical requirements and plan and perform my procedures to obtain reasonable assurance about whether, in all material respects, the controls are suitably designed to achieve the overall control objectives and were implemented as designed.

An assurance engagement to report on the design and implementation of controls involves performing procedures to obtain evidence about the suitability of the design of controls to achieve the overall control objectives and the implementation of those controls. The procedures selected depend on my judgement, including the assessment of the risks that controls are not suitably designed or implemented as designed. My procedures included testing the implementation of those controls that I consider necessary to achieve the overall control objectives.

I believe that the evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Limitations of controls

Because of the inherent limitations of any internal control structure, it is possible that, even if the controls are suitably designed and implemented as designed, once the controls are in operation, the overall control objectives may not be achieved so that fraud, error, or non-compliance with laws and regulations may occur and not be detected. Any projection of the outcome of the evaluation of the suitability of the design of controls to future periods is subject to the risk that the controls may become unsuitable because of changes in conditions.

Report on the key performance indicators

Opinion

I have undertaken a reasonable assurance engagement on the key performance indicators of the Health and Disability Services Complaints Office for the year ended 30 June 2020. The key performance indicators are the Under Treasurer-approved key effectiveness indicators and key efficiency indicators that provide performance information about achieving outcomes and delivering services.

In my opinion, in all material respects, the key performance indicators of the Health and Disability Services Complaints Office are relevant and appropriate to assist users to assess the agency's performance and fairly represent indicated performance for the year ended 30 June 2020.

The Director's responsibility for the key performance indicators

The Director is responsible for the preparation and fair presentation of the key performance indicators in accordance with the *Financial Management Act 2006* and the Treasurer's Instructions and for such internal control as the Director determines necessary to enable the preparation of key performance indicators that are free from material misstatement, whether due to fraud or error.

In preparing the key performance indicators, the Director is responsible for identifying key performance indicators that are relevant and appropriate, having regard to their purpose in accordance with Treasurer's Instruction 904 *Key Performance Indicators*.

Auditor General's responsibility

As required by the *Auditor General Act 2006*, my responsibility as an assurance practitioner is to express an opinion on the key performance indicators. The objectives of my engagement are to obtain reasonable assurance about whether the key performance indicators are relevant and appropriate to assist users to assess the entity's performance and whether the key performance indicators are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. I conducted my engagement in accordance with Standard on Assurance Engagements ASAE 3000 *Assurance Engagements Other than Audits or Reviews of Historical Financial Information* issued by the Australian Auditing and Assurance Standards Board. That standard requires that I comply with relevant ethical requirements relating to assurance engagements.

An assurance engagement involves performing procedures to obtain evidence about the amounts and disclosures in the key performance indicators. It also involves evaluating the relevance and appropriateness of the key performance indicators against the criteria and guidance in Treasurer's Instruction 904 for measuring the extent of outcome achievement and the efficiency of service delivery. The procedures selected depend on my judgement, including the assessment of the risks of material misstatement of the key performance indicators. In making these risk assessments I obtain an understanding of internal control relevant to the engagement in order to design procedures that are appropriate in the circumstances.

I believe that the evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

My independence and quality control relating to the reports on controls and key performance indicators

I have complied with the independence requirements of the *Auditor General Act 2006* and the relevant ethical requirements relating to assurance engagements. In accordance with ASQC 1 *Quality Control for Firms that Perform Audits and Reviews of Financial Reports and Other Financial Information, and Other Assurance Engagements*, the Office of the Auditor General maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

Matters relating to the electronic publication of the audited financial statements and key performance indicators

This auditor's report relates to the financial statements and key performance indicators of the Health and Disability Services Complaints Office for the year ended 30 June 2020 included on the agency's website. The agency's management is responsible for the integrity of the agency's website. This audit does not provide assurance on the integrity of the agency's website. The auditor's report refers only to the financial statements and key performance indicators described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these financial statements or key performance indicators. If users of the financial statements and key performance indicators are concerned with the inherent risks arising from publication on a website, they are advised to contact the entity to confirm the information contained in the website version of the financial statements and key performance indicators.



CARLY MEAGHER
ACTING SENIOR DIRECTOR FINANCIAL AUDIT
Delegate of the Auditor General for Western Australia
Perth, Western Australia
4 September 2020

4.3.2 Certification of Financial Statements



Disclosures and Legal Compliance

Financial Statements

Certification of Financial Statements For the reporting period ended 30 June 2020

The accompanying financial statements of Health and Disability Services Complaints Office have been prepared in compliance with the provisions of the Financial Management Act 2006 from proper accounts and records to present fairly the financial transactions for the reporting period ended 30 June 2020 and the financial position as at 30 June 2020.

At the date of signing we are not aware of any circumstances which would render the particulars included within the financial statements misleading or inaccurate.



Pratthana Hunt
CHIEF FINANCE OFFICER

2 September 2020



Sarah Cowie
DIRECTOR
ACCOUNTABLE AUTHORITY

2 September 2020



4.3.3 Statement of Comprehensive Income

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE STATEMENT OF COMPREHENSIVE INCOME for year ended 30 June 2020

	Notes	2020	2019
COST OF SERVICES			
Expenses			
Employee benefits expense	2.1(a)	2,177,788	1,836,199
Supplies and services	2.2	271,321	281,264
Depreciation expense	4.1 & 4.2	9,660	1,903
Interest expense	6.3	405	-
Other expenses	2.3	547,702	538,314
Repairs, maintenance and consumable equipment	2.4	18,829	23,586
Total cost of services		3,025,705	2,681,266
Income			
Commonwealth grants and contributions	3.2	11,715	20,329
Other income	3.3	2,721	1,935
Total income		14,436	22,264
Total income other than income from State Government		14,436	22,264
NET COST OF SERVICES			
		3,011,269	2,659,002
Income from State Government			
Service appropriation	3.1	2,715,000	2,651,000
Services received free of charge	3.1	193,213	265,335
Total income from State Government		2,908,213	2,916,335
SURPLUS FOR THE PERIOD		(103,056)	257,333
OTHER COMPREHENSIVE INCOME			
Total other comprehensive income		-	-
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		(103,056)	257,333

The Statement of Comprehensive Income should be read in conjunction with the accompanying notes.

4.3.4 Statement of Financial Position

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE STATEMENT OF FINANCIAL POSITION as at 30 June 2020

	Notes	2020	2019
ASSETS			
Current Assets			
Cash and cash equivalents	6.1	1,066,310	1,248,285
Restricted cash and cash equivalents	6.1	6,768	4,284
Receivables	5.1	8,062	2,167
Other current assets	5.2	23,481	20,377
Total Current Assets		1,104,621	1,275,113
Non-Current Assets			
Plant and equipment		-	1,745
Right of use asset	4.1	14,068	-
Intangibles	4.2	348,872	-
Total Non-Current Assets	4.3	362,940	1,745
TOTAL ASSETS		1,467,561	1,276,858
LIABILITIES			
Current Liabilities			
Payables	5.3	212,344	134,954
Lease liabilities	6.2	4,968	-
Employee related provisions	2.1(b)	375,966	316,842
Total Current Liabilities		593,278	451,796
Non-Current Liabilities			
Lease liabilities	6.2	9,272	-
Employee related provisions	2.1(b)	167,913	131,908
Total Non-Current Liabilities		177,185	131,908
TOTAL LIABILITIES		770,464	583,704
NET ASSETS		697,098	693,154
EQUITY			
Contributed Equity		107,000	-
Accumulated surplus		590,098	693,154
TOTAL EQUITY		697,098	693,154

The Statement of Financial Position should be read in conjunction with the accompanying notes.

4.3.5 Statement of Changes in Equity

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE STATEMENT OF CHANGES IN EQUITY for year ended 30 June 2020

	Notes	Contributed Equity	Accumulated Surplus	Total Equity
Balance at 1 July 2018		-	435,821	435,821
Comprehensive income for the period:				
Surplus		-	257,333	257,333
Total comprehensive income for the period		-	257,333	257,333
Balance at 30 June 2019		-	693,154	693,154
Balance at 1 July 2019		-	693,154	693,154
Comprehensive income for the period:				
Initial application of AASB 16	8.2	-	-	-
Initial application of AASB 15/1058	8.2	-	-	-
Restated balance at 1 July 2019		-	693,154	693,154
Deficit		-	(103,056)	(103,056)
Total comprehensive income for the period		-	(103,056)	(103,056)
Transactions with owners in their capacity as owners:				
Capital appropriations	8.6	107,000		107,000
Total		107,000	-	107,000
Balance at 30 June 2020		107,000	590,098	697,098

The Statement of Changes in Equity should be read in conjunction with the accompanying notes.

4.3.6 Statement of Cash Flows

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE STATEMENT OF CASH FLOWS for year ended 30 June 2020

	Notes	2020	2019
CASH FLOWS FROM STATE GOVERNMENT			
Service appropriation		2,715,000	2,651,000
Capital appropriation		107,000	-
Net cash provided by State Government		2,822,000	2,651,000
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee benefits		(2,082,659)	(1,806,988)
Supplies and services		(100,527)	(112,300)
Repairs, maintenance and consumable equipment		(18,829)	(38,714)
Other payments		(457,728)	(392,637)
Receipts			
Commonwealth grants and contributions		11,715	20,329
Other receipts		2,721	1,935
Net cash used in operating activities		(2,645,307)	(2,328,375)
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments			
Purchase of non-current assets		(348,872)	-
Net cash used in investing activities		(348,872)	-
CASH FLOWS FROM FINANCING ACTIVITIES			
Payments			
Principal elements of lease payments		(7,312)	-
Net cash used in financing activities		(7,312)	-
Net increase/(decrease) in cash and cash equivalents		(179,491)	322,625
Cash and cash equivalents at the beginning of the period		1,252,569	929,944
CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD	6.1	1,073,078	1,252,569

The Statement of Cash Flows should be read in conjunction with the accompanying notes.

4.3.7 Summary of Consolidated Account Appropriations

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE SUMMARY OF CONSOLIDATED ACCOUNT APPROPRIATIONS for year ended 30 June 2020

	2020 Budget Estimate	2020 Supplementary Funding	2020 Revised Budget	2020 Actual	2020 Variance
Delivery of Services					
Net amount appropriated to deliver services	2,546,000	-	2,546,000	2,715,000	169,000
Total appropriations provided to deliver services	2,546,000	-	2,546,000	2,715,000	169,000
Capital					
Capital Appropriation	278,000	-	278,000	107,000	(171,000)
GRAND TOTAL	278,000	-	278,000	107,000	(171,000)

No supplementary income was received by the agency.

4.3.8 Notes to Financial Statements

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE NOTES TO THE FINANCIAL STATEMENTS

1. Basis of preparation

The Office is a WA Government entity and is controlled by the State of Western Australia, which is the ultimate parent. The Office is a not-for-profit entity (as profit is not its principal objective).

A description of the nature of the operations and the principal activities have been included in the 'Overview' which does not form part of these financial statements.

These annual financial statements were authorised for issue by the Accountable Authority of the Office on 2 September 2020.

Statement of compliance

These general purpose financial statements are prepared in accordance with:

- 1) The *Financial Management Act 2006 (FMA)*.
- 2) The *Treasurer's Instructions (TIs)*.
- 3) *Australian Accounting Standards (AASs)* – Reduced Disclosure Requirements.
- 4) Where appropriate, those AAS paragraphs applicable for not for profit entities have been applied.

The *Financial Management Act 2006* and the *Treasurer's Instructions* take precedence over AASs. Several AASs are modified by TIs to vary application, disclosure format and wording. Where modification is required and has had a material or significant financial effect upon the reported results, details of that modification and the resulting financial effect are disclosed in the notes to the financial statements.

Basis of preparation

The financial statements are presented in Australian dollars applying the accrual basis of accounting and using the historical cost convention. Certain balances will apply a different measurement basis (such as the fair value basis). Where this is the case, the different measurement basis is disclosed in the associated note.

Judgements and estimates

Judgements, estimates and assumptions are required to be made about financial information being presented. The significant judgements and estimates made in the preparation of the financial statements are disclosed in the notes where amounts affected by those judgements and/or estimates are disclosed. Estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstances.

Contributed equity

AASB Interpretation 1038 *Contributions by Owners Made to Wholly-Owned Public Sector Entities* requires transfers in the nature of equity contributions, other than as a result of a restructure of administrative arrangements, to be designated by the Government (the owner) as contributions by owners (at the time of, or prior to, transfer) before such transfers can be recognised as equity contributions. Capital appropriations have been designated as contributions by owners by *TI 955 Contributions by Owners made to Wholly Owned Public Sector Entities* and have been credited directly to Contributed Equity.

2. Use of our funding

Expenses incurred in the delivery of services

This section provides additional information about how the Office's funding is applied and the accounting policies that are relevant for an understanding of the items recognised in the financial statements. The primary expenses incurred by the Office in achieving its objectives and the relevant notes are:

		2020	2019
Employee benefits expenses	2.1(a)	2,177,788	1,836,199
Employee benefit provisions	2.1(b)	543,879	448,750
Supplies and services	2.2	271,321	281,264
Other expenses	2.3	547,702	538,314
Repairs, maintenance and consumable equipment	2.4	18,829	23,586

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE NOTES TO THE FINANCIAL STATEMENTS

2.1(a) Employee benefits expenses

	2020	2019
Wages and salaries	1,981,397	1,665,798
Superannuation – defined contribution plans	196,391	170,401
Total employee benefits expenses	2,177,788	1,836,199

Wages and salaries: Employee expenses include all costs related to employment including wages and salaries, fringe benefits tax, and leave entitlements.

Superannuation: The amount recognised in profit or loss of the Statement of Comprehensive Income comprises employer contributions paid to the Gold State Super (GSS) (concurrent contributions), the West State Super (WSS), the Government Employees Superannuation Board (GESB), or other superannuation funds.

2.1(b) Employee related provisions

Provision is made for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave for services rendered up to the reporting date and recorded as an expense during the period the services are delivered.

Current	2020	2019
<u>Employee benefits provisions</u>		
Annual leave ^(a)	211,403	172,755
Long service leave ^(b)	164,563	144,087
Total current employee related provisions	375,966	316,842
Non-current		
<u>Employee benefits provisions</u>		
Long service leave ^(b)	167,913	131,908
Total non-current employee related provisions	167,913	131,908
Total employee related provisions	543,879	448,750

(a) **Annual leave liabilities:** Classified as current as there is no unconditional right to defer settlement for at least 12 months after the end of the reporting period. The provision for annual leave is calculated at the present value of expected payments to be made in relation to services provided by employees up to the reporting date.

(b) **Long service leave liabilities:** Unconditional long service leave provisions are classified as current liabilities as the Office does not have an unconditional right to defer settlement of the liability for at least 12 months after the end of the reporting period. Pre-conditional and conditional long service leave provisions are classified as non-current liabilities because the Office has an unconditional right to defer the settlement of the liability until the employee has completed the requisite years of service. The provision for long service leave is calculated at present value as the Office does not expect to wholly settle the amounts within 12 months. The present value is measured taking into account the present value of expected future payments to be made in relation to services provided by employees up to the reporting date. These payments are estimated using the remuneration rate expected to apply at the time of settlement, and discounted using market yields at the end of the reporting period on national government bonds with terms to maturity that match, as closely as possible, the estimated future cash outflows.

Key sources of estimation uncertainty – long service leave

Key estimates and assumptions concerning the future are based on historical experience and various other factors that have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities within the next financial year.

Several estimates and assumptions are used in calculating the Office's long service leave provision. These include:

- Expected future salary rates;
- Discount rates;
- Employee retention rates; and
- Expected future payments.

Changes in these estimations and assumptions may impact on the carrying amount of the long service leave provision.

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE NOTES TO THE FINANCIAL STATEMENTS

2.2 Supplies and Services

Supplies and services are recognised as an expense in the reporting period in which they are incurred. The carrying amounts of any materials held for distribution are expensed when the materials are distributed.

	2020	2019
Communications	37,266	25,547
Medical advice and consultation	-	1,800
Fuel, light and power	4,908	4,616
Computer services	107,964	125,465
Legal expenses	25,276	41,152
Printing and stationery	14,427	14,233
Administration consultancies	41,933	35,804
Information Technology consultancy	11,710	19,145
Other	27,837	14,502
Total	271,321	281,264

2.3 Other expenses

Other operating expenses generally represent the day-to-day running costs incurred in normal operations.

	2020	2019
Employment on-costs - Workers compensation insurance	11,643	14,553
Staff development and transport costs	61,175	44,585
Insurance	7,681	5,863
Motor vehicle expenses	6,907	12,833
Rental	357,215	331,180
Human resource consultancy	43,066	67,408
Audit fees	37,799	31,230
Accounting and financial consultancy	12,683	11,414
Other	9,533	19,248
Total	547,702	538,314

Employee on-cost includes workers' compensation insurance. Superannuation contributions accrued as part of the provision for leave are employee benefits and are not included in employment on-costs.

Rental expenses include:

- Short-term leases with a lease term of 12 months or less
- Low-value leases with an underlying value of \$5,000 or less; and
- Variable lease payments, recognised in the period in which the event or condition that triggers those payment occurs.

Human Resource consultancies: The expenditure represents human resource consultancies provided free of charge from Health Support Services, and external parties contracted to assist in the management of human resources.

2.4 Repairs, maintenance and consumable equipment

	2020	2019
Repairs and maintenance	671	-
Consumable equipment	18,158	23,586
Total	18,829	23,586

Repairs and maintenance: Repairs and maintenance costs are recognised as expenses as incurred, except where they relate to the replacement of a significant component of an asset. In that case, the costs are capitalised and depreciated.

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE NOTES TO THE FINANCIAL STATEMENTS

3. Our Funding Sources

How we obtain our funding

This section provides additional information about how the Office obtains its funding and the relevant accounting policy notes that govern the recognition and measurement of this funding. The primary income received by the Office and the relevant notes are:

	2020	2019
Income from state government	2,908,213	2,916,335
Commonwealth grants and contributions	11,715	20,329
Other revenue	2,721	1,935

3.1 Income from State Government

	2020	2019
<i>Appropriation received during the period:</i>		
Service appropriation ^(a)	2,715,000	2,651,000
<i>Services received free of charge from other State government agencies during the period:</i> ^(b)		
Department of Finance - Depreciation of the leasehold fitout provided free of charge	62,616	62,436
State Solicitor's Office - legal fees	25,276	41,152
Department of Health - support services	6,553	6,050
Health Support Services - ICT, human consultancy, finance and supply services	98,768	155,697
	193,213	265,335
Total Income from State Government	2,908,213	2,916,335

(a) **Service Appropriations** are recognised as revenue at fair value in the period in which the Office gains control of the appropriated funds. The Office gains control of appropriated funds at the time those funds are deposited in the bank account or credited to the 'Amounts receivable for services' (holding account) held at Treasury. Service appropriations fund the net cost of services delivered. Appropriation revenue comprises of cash component.

(b) **Services received free of charge** or for nominal cost are recognised as revenue at fair value of the service that can be reliably measured and which would have been purchased if they were not donated. Contributions of assets or services representing contributions by owners are recognised directly to equity.

The application of AASB 15 and AASB 1058 from 1 July 2019 has had no impact on the treatment of income from State Government.

3.2 Commonwealth grants and contributions

The Office provides services to the Indian Ocean Territories through a service delivery arrangement with the Australian Federal Government. The terms of the service delivery arrangement specified that the grant must be used to provide complaints management and complaint education services to the Christmas and Cocos (Keeling) Island communities.

The application of AASB 15 and AASB 1058 from 1 July 2019 has had no impact on the treatment of Commonwealth Grants and Contributions, where revenue is recognised upon receipt.

	2020	2019
1 Recurrent grant - Christmas and Cocos (Keeling) Islands	11,715	20,329
Commonwealth grant Christmas and Cocos (Keeling) Islands		
2 Balance at start of period	4,284	13,923
<i>Add Receipts</i>		
3 Commonwealth grants	11,715	20,329
<i>Less Payments</i>		
4 Salaries and Wages	(5,662)	(20,377)
Travel Expenses	(3,519)	(7,544)
Promotion Expenses	(50)	(2,047)
Balance at end of period	6,768	4,284

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE NOTES TO THE FINANCIAL STATEMENTS

3.3 Other Revenue

	2020	2019
Government vehicle scheme contribution	2,721	1,935
Total Other Revenue	2,721	1,935

The application of AASB 15 and AASB 1058 from 1 July 2019 has had no impact on the treatment of Other Revenue.

4. Key assets

Assets the Office utilises for economic benefit or service potential

This section includes information regarding the key assets the Office utilises to gain economic benefits or provide service potential. The section sets out both the key accounting policies and financial information about the performance of these assets:

	2020	2019
Plant and equipment	-	1,745
Right-of-use assets	14,068	-
Total key assets	14,068	1,745

4.1 Plant and equipment

	Office Equipment	Total
1 July 2019		
Gross carrying amount	7,612	7,612
Accumulated depreciation	(5,867)	(5,867)
Carrying amount for the period	1,745	1,745
Depreciation	(1,745)	(1,745)
Carrying amount at 30 June 2020	-	-
Gross carrying amount	7,612	7,612
Accumulated depreciation	(7,612)	(7,612)

Initial recognition

Items of plant and equipment, costing \$5,000 or more are measured initially at cost. Where an asset is acquired for no or nominal cost, the cost is valued at its fair value at the date of acquisition. Items of plant and equipment costing less than \$5,000 are immediately expensed direct to the Statement of Comprehensive Income (other than where they form part of a group of similar items which are significant in total).

Subsequent measurement

All plant and equipment are stated at historical costs less accumulated depreciation and accumulated impairment losses.

4.1.1 Depreciation and impairment

	2020	2019
Office Equipment	1,745	1,903
Depreciation and impairment charge for the period	1,745	1,903

Finite useful lives

All plant and equipment having a limited useful life are systematically depreciated over their estimated useful lives in a manner that reflects the consumption of their future economic benefits. Depreciation is generally calculated on a straight line basis, at rates that allocate the asset's value, less any estimated residual value, over its estimated useful life. Typical estimated useful lives for office equipment is five years. The estimated useful lives, residual values and depreciation method are reviewed at the end of each annual reporting period and adjustments should be made where appropriate.

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE NOTES TO THE FINANCIAL STATEMENTS

Impairment

Non-financial assets, including items of plant and equipment, are tested for impairment whenever there is an indication that the asset may be impaired. Where there is an indication of impairment, the recoverable amount is estimated. Where the recoverable amount is less than the carrying amount, the asset is considered impaired and is written down to the recoverable amount and an impairment loss is recognised. Where an asset measured at cost is written down to its recoverable amount, an impairment loss is recognised through profit or loss. If there is an indication that there has been a reversal in impairment, the carrying amount shall be increased to its recoverable amount. However this reversal should not increase the asset's carrying amount above what would have been determined, net of depreciation, if no impairment loss had been recognised in prior years. The risk of impairment is generally limited to circumstances where an asset's depreciation is materially understated, where the replacement cost is falling or where there is a significant change in useful life. Each relevant class of assets is reviewed annually to verify that the accumulated depreciation reflects the level of consumption or expiration of the asset's future economic benefits and to evaluate any impairment risk from declining replacement costs.

As at 30 June 2020 there were no indications of impairment of office equipment.

4.2 Right-of-use assets

	Motor Vehicle	Total
Carrying amount at 1 July 2019	21,983	-
Depreciation	(7,915)	-
Net carrying amount at 30 June 2020	14,068	-

Initial recognition

Right-of-use (ROU) assets are measured at cost including the following:

- the amount of the initial measurement of lease liability;
- any lease payments made at or before the commencement date less any lease incentives received;
- any initial direct costs; and
- restoration costs, including dismantling and removing the underlying asset.

This includes all leased assets other than investment property ROU assets, which are measured in accordance with AASB 140 *Investment Property*. The agency has elected not to recognise right-of-use assets and lease liabilities for short-term leases (with a lease term of 12 months or less) and low value leases (with an underlying value of \$5,000 or less). Lease payments associated with these leases are expensed on a straight-line basis over the lease term.

Subsequent Measurement

The cost model is applied for subsequent measurement of right-of-use assets, requiring the asset to be carried at cost less any accumulated depreciation and accumulated impairment losses and adjusted for any re-measurement of lease liability.

Depreciation and impairment of right-of-use assets

Right-of-use assets are depreciated on a straight-line basis over the shorter of the lease term and the estimated useful lives of the underlying assets. If ownership of the leased asset transfers to the Office at the end of the lease term or the cost reflects the exercise of a purchase option, depreciation is calculated using the estimated useful life of the asset. Right-of-use assets are tested for impairment when an indication of impairment is identified. The policy in connection with testing for impairment is outlined in note 4.1.1.

The following amounts relating to leases have been recognised in the statement of comprehensive income:

	2020	2019
Vehicles	7,915	-
Total right-of-use asset depreciation	7,915	-
Lease interest expense	406	-
Expenses relating to variable lease payments not included in lease liabilities	-	-
Gains or losses arising from sale and leaseback transactions	-	-

The total cash flow for leases in 2020 was \$7,915.

The Office's leasing activities and how these are accounted for:

The Office has leases for vehicles and office accommodation.

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE NOTES TO THE FINANCIAL STATEMENTS

The Office has also entered into a Memorandum of Understanding Agreement (MOU) with the Department of Finance for the leasing of office accommodation. These are not recognised under AASB 16 because of substitution rights held by the Department of Finance and are accounted for as an expense as incurred.

Up to 30 June 2019, the Office classified leases as either finance leases or operating leases. From 1 July 2019, the Office recognises leases as right-of-use assets and associated lease liabilities in the Statement of Financial Position.

The corresponding lease liabilities in relation to these right-of-use assets have been disclosed in note 6.2.

4.3 Intangibles

The intangible asset for the Office is a Case Management System that is an internally generated intangible asset under development.

	Work in Progress	Total
1 July 2019		
Gross carrying amount	-	-
Accumulated amortisation expense	-	-
Carrying amount at the start of the year	-	-
Additions	348,872	348,872
Carrying amount at 30 June 2020	348,872	348,872
Gross carrying amount	348,872	348,872
Accumulated amortisation expense	-	-

Initial recognition

Intangible assets are initially recognised at cost. For assets acquired at significantly less than fair value, the cost is their fair value at the date of acquisition.

An internally generated intangible asset arising from development (or from the development phase of an internal project) is recognised if, and only if, all of the following are demonstrated:

- (a) the technical feasibility of completing the intangible asset so that it will be available for use or sale;
- (b) an intention to complete the intangible asset, and use or sell it;
- (c) the ability to use or sell the intangible asset;
- (d) the intangible asset will generate probable future economic benefit;
- (e) the availability of adequate technical, financial and other resources to complete the development and to use or sell the intangible asset; and
- (f) the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Acquisitions of intangible assets costing \$5,000 or more and internally generated intangible assets at a minimum of \$5,000 that comply with the recognition criteria as per AASB 138.57 (as noted above) are capitalised.

Costs incurred below these thresholds are immediately expensed directly to the Statement of Comprehensive Income.

Costs incurred in the research phase of a project are immediately expensed.

Subsequent measurement

The cost model is applied for subsequent measurement of intangible assets, requiring the asset to be carried at cost less any accumulated amortisation and accumulated impairment losses.

5. Other assets and liabilities

This section sets out those assets and liabilities that arose from the Office's controlled operations and includes other assets utilised for economic benefits and liabilities incurred during normal operations:

	Notes	2020	2019
Receivables	5.1	8,062	2,167
Other current assets	5.2	23,481	20,377
Payables	5.3	212,344	134,954

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE NOTES TO THE FINANCIAL STATEMENTS

5.1 Receivables

	2020	2019
Account receivables	125	143
Accrued revenue	-	957
GST receivable	7,937	-
Amounts due from employees for salary over-payments	-	1,067
Total current receivables	8,062	2,167

The Office does not hold any collateral or other credit enhancements as security for receivables. Receivables are recognised at original invoice amount less any allowances for uncollectible amounts (i.e. impairment). The carrying amount of net trade receivables is equivalent to fair value as it is due for settlement within 30 days.

5.2 Other current assets

	2020	2019
Prepayments	23,481	20,377

Prepayments for the Office include accommodation lease payments, training vouchers and consumable equipment. Other non-financial assets include prepayments which represent payments in advance of receipt of goods or services or that part of expenditure made in one accounting period covering a term extending beyond that period.

5.3 Payables

	2020	2019
Trade payables	54,115	16,197
Other payables	10,160	41,002
Accrued expenses	90,018	40,702
Accrued salaries	58,051	37,053
Total current payables	212,344	134,954

Payables are recognised at the amounts payable when the Office becomes obliged to make future payments as a result of a purchase of assets or services. The carrying amount is equivalent to fair value as settlement is generally within 30 days.

Accrued expenses represent good and services received at year end, which the supplier has not provided an invoice.

Accrued salaries represent the amount due to staff but unpaid at the end of the reporting period. Accrued salaries are settled within a fortnight after the reporting period. The Office considers the carrying amount of accrued salaries to be equivalent to its fair value.

6. Financing

This section sets out the material balances and disclosures associated with the financing and cashflows of the Office.

	Notes	2020	2019
Cash and cash equivalents	6.1	1,073,078	1,252,569
Lease liabilities	6.2	14,240	-
Finance costs	6.3	405	-

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE NOTES TO THE FINANCIAL STATEMENTS

6.1 Cash and cash equivalents

	2020	2019
Cash and cash equivalents	1,066,310	1,248,285
Restricted cash and cash equivalents		
Recurrent grant from Commonwealth Department of Infrastructure, Regional Development and Cities ^(a)	6,768	4,284
Balance at end of period	1,073,078	1,252,569

^(a) Funds to service the Indian Ocean Territories - see note 3.2

For the purpose of the statement of cash flows, cash and cash equivalent (and restricted cash and cash equivalent) assets comprise cash on hand and short-term deposits with original maturities of three months or less that are readily convertible to a known amount of cash and which are subject to insignificant risk of changes in value.

6.2 Lease liabilities

	2020	2019
Current	4,968	-
Non-current	9,272	-
	14,240	-

The Office measures a lease liability, at the commencement date, at the present value of the lease payments that are not paid at that date. The lease payments are discounted using the interest rate implicit in the lease. If that rate cannot be readily determined, the Office uses the incremental borrowing rate provided by Western Australia Treasury Corporation.

Lease payments included by the Office as part of the present value calculation of lease liability include:

- Fixed payments (including in-substance fixed payments), less any lease incentives receivable;
- Variable lease payments that depend on an index or a rate initially measured using the index or rate as at the commencement date;
- Amounts expected to be payable by the lessee under residual value guarantees;
- The exercise price of purchase options (where these are reasonably certain to be exercised); and
- Payments for penalties for terminating a lease, where the lease term reflects the Office exercising an option to terminate the lease.

The interest on the lease liability is recognised in profit or loss over the lease term so as to produce a constant periodic rate of interest on the remaining balance of the liability for each period. Lease liabilities do not include any future changes in variable lease payments (that depend on an index or rate) until they take effect, in which case the lease liability is reassessed and adjusted against the right-of-use asset.

Periods covered by extension or termination options are only included in the lease term by the Office if the lease is reasonably certain to be extended (or not terminated). Variable lease payments, not included in the measurement of lease liability, that are dependent on sales are recognised by the Office in profit or loss in the period in which the condition that triggers those payments occurs.

This section should be read in conjunction with note 4.2.

Subsequent Measurement

Lease liabilities are measured by increasing the carrying amount to reflect interest on the lease liabilities; reducing the carrying amount to reflect the lease payments made; and remeasuring the carrying amount at amortised cost, subject to adjustments to reflect any reassessment or lease modifications.

6.3 Finance costs

	2020	2019
Lease interest expense ^(a)	405	-

^(a) Interest cost includes the interest component of lease liability repayments.

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE NOTES TO THE FINANCIAL STATEMENTS

7. Financial Instruments

7.1 Financial Instruments

The carrying amounts of each of the following categories of financial assets and financial liabilities at the end of the reporting period are:

	2020	2019
Financial assets		
Cash and cash equivalents	1,066,310	1,248,285
Restricted cash and cash equivalents	6,768	4,284
Financial assets at amortised cost ^(a)	125	2,167
Total financial assets	1,073,203	1,254,736
Financial liabilities		
Payables	212,344	134,954
Lease liabilities	14,240	-
Total financial liability	226,584	134,954

(a) The amount of Financial assets at amortised cost excludes GST recoverable from the ATO (statutory receivable).

7.2 Contingent assets and liabilities

Contingent assets and contingent liabilities are not recognised in the statement of financial position but are disclosed and, if quantifiable, are measured at best estimate. Contingent assets and liabilities are presented inclusive of GST receivable or payable respectively.

The Office does not have any contingent assets or liabilities to disclose at the end of the reporting period.

8. Other disclosures

This section includes additional material disclosures required by accounting standards or other pronouncements, for the understanding of this financial report.

	Notes
Events occurring after the end of the reporting period	8.1
Initial application of Australian Accounting Standards	8.2
Key management personnel	8.3
Related party transactions	8.4
Remuneration of auditors	8.5
Equity	8.6
Supplementary financial information	8.7
Explanatory statement	8.8

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8.1 Events occurring after the end of the reporting period

There were no events occurring after the reporting date that impacted on the financial statements.

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8.2 Initial application of Australian Accounting Standards

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(a) AASB 15 Revenue from Contract with Customers and AASB 1058 Income of Not-for-Profit Entities

AASB 15 *Revenue from Contracts with Customers* replaces AASB 118 *Revenue* and AASB 111 *Construction Contracts* for annual reporting periods on or after 1 January 2019. Under the new model, an entity shall recognise revenue when (or as) the entity satisfies a performance obligation by transferring a promised good or service to a customer and is based upon the transfer of control rather than transfer of risks and rewards.

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AASB 15 focuses on providing sufficient information to the users of financial statements about the nature, amount, timing and uncertainty of revenue and cash flows arising from the contracts with customers.

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HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE NOTES TO THE FINANCIAL STATEMENTS

Revenue is recognised by applying the following five steps:

- Identifying contracts with customers.
- Identifying separate performance obligations.
- Determining the transaction price of the contract.
- Allocating the transaction price to each of the performance obligations.
- Recognising revenue when or as each performance obligation is satisfied.

Revenue is recognised either over time or at a point in time. Any distinct goods or services are separately identified and any discounts or rebates in the contract price are allocated to the separate elements. In addition, income other than from contracts with customers are subject to AASB 1058 *Income of Not-for-Profit Entities*. Income recognition under AASB 1058 depends on whether such a transaction gives rise to liabilities or a contribution by owners related to an asset (such as cash or another asset) recognised by the Office. The Office adopts the modified retrospective approach on transition to AASB 15 and AASB 1058. No comparative information is restated under this approach, and the Office recognises the cumulative effect of initially applying the Standards as an adjustment to the opening balance of accumulated surplus/(deficit) at the date of initial application (1 July 2019). Under this transition method, the Office elects not to apply the standards retrospectively to non-completed contracts at the date of initial application.

Refer to Note 3.1, 3.2 and 3.3 for the revenue and income accounting policies adopted from 1 July 2019.

The effect of adopting AASB 15 and AASB 1058 are as follows:

	30 June 2020	Adjustments	30 June 2020 under AASB 15 and 1058
Commonwealth grants and contributions	11,715	-	11,715
Other revenue	2,721	-	2,721
Net results	14,436	-	14,436

(b) AASB 16 Leases

AASB 16 *Leases* supersedes AASB 117 *Leases and related Interpretations*. AASB 16 primarily affects lessee accounting and provides a comprehensive model for the identification of lease arrangements and their treatment in the financial statements of both lessees and lessors.

The Office applies AASB 16 *Leases* from 1 July 2019 using the modified retrospective approach. As permitted under the specific transition provisions, comparatives are not restated. The cumulative effect of initially applying this Standard is recognised as an adjustment to the opening balance of accumulated surplus/(deficit).

The main changes introduced by this Standard include identification of lease within a contract and a new lease accounting model for lessees that require lessees to recognise all leases (operating and finance leases) on the Statement of Financial Position as right-of-use (ROU) asset and lease liabilities, except for short term leases (lease terms of 12 months or less at commencement date) and low-value assets (where the underlying asset is valued less than \$5,000). The operating lease and finance lease distinction for lessees no longer exists.

Under AASB 16, the Office takes into consideration all operating leases that were off balance sheet under AASB 117 and recognises:

- right of use assets and lease liabilities in the Statement of Financial Position, initially measured at the present value of future lease payments, discounted using the incremental borrowing rate (2.18%) on 1 July 2019;
- depreciation of right-of-use assets and interest on lease liabilities in the Statement of Comprehensive Income; and
- the total amount of cash paid as principal amount, which is presented in the cash flows from financing activities, and interest paid, which is presented in the cash flows from operating activities, in the Statement of Cash Flows.

In relation to leased vehicles that were previously classified as finance leases, their carrying amount before transition is used as the carrying amount of the right-of-use assets and the lease liabilities as of 1 July 2019. The Office measures concessionary leases that are of low value terms and conditions at cost at inception. There is no financial impact as the Office is not in possession of any concessionary leases at the date of transition. The right-of-use assets are assessed for impairment at the date of transition and the Office has not identified any impairments to its right-of-use assets.

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HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE NOTES TO THE FINANCIAL STATEMENTS

On transition, the Office has elected to apply the following practical expedients in the assessment of their leases that were previously classified as operating leases under AASB 117:

- (a) A single discount rate has been applied to a portfolio of leases with reasonably similar characteristics;
- (b) The Office has relied on its assessment of whether existing leases were onerous in applying AASB 137 *Provisions, Contingent Liabilities and Contingent Assets* immediately before the date of initial application as an alternative to performing an impairment review. The Office has adjusted the ROU asset at 1 July 2019 by the amount of any provisions included for onerous leases recognised in the statement of financial position at 30 June 2019;
- (c) Where the lease term at initial application ended within 12 months, the Office has accounted for these as short-term leases;
- (d) Initial direct costs have been excluded from the measurement of the right-of-use asset;
- (e) Hindsight has been used to determine if the contracts contained options to extend or terminate the lease.

The Office has not reassessed whether existing contracts are, or contain a lease at 1 July 2019. The requirements of paragraphs 9-11 of AASB 16 are applied to contracts that came into existence post 1 July 2019.

Measurement of Lease Liabilities	Vehicles
Operating Lease Commitments not disclosed as at 30 June 2019	22,462
Discounted using incremental borrowing rate at date of initial application ^(a)	21,983
Less:	
Short-term leases not recognised as liability	-
Low value leases not recognised as liability	-
Lease liability recognised at 1 July 2019	21,983

Current lease liabilities	5,935
Non-current lease liabilities	16,048

^(a) The WATC incremental borrowing rate was used for the purposes of calculating the lease transition opening balance.

8.3 Key management personnel

The Office has determined key management personnel to include the responsible minister and senior officers of the Office. The Office does not incur expenditure to compensate Ministers and those disclosures may be found in the *Annual Report on State Finances*.

The total fees, salaries, superannuation, non-monetary benefits and other benefits for senior officers of the Office for the reporting period are presented within the following bands:

	2020	2019
<u>Compensation band (\$)</u>		
310,001 - 320,000	1	-
300,001 - 310,000	-	1
	1	1
	2020	2019
Total compensation of senior officers	316,314	308,617

Total compensation includes the superannuation expense incurred by the Office in respect of senior officers.

8.4 Related party transactions

The Office is a wholly owned public sector entity that is controlled by of the State of Western Australia. Related parties of the Office include:

- all cabinet ministers and their close family members, and their controlled or jointly controlled entities;
- all senior officers and their close family members, and their controlled or jointly controlled entities;
- other departments and statutory authorities, including related bodies, that are included in the whole of government consolidated financial statements (i.e. wholly owned public sector entities);
- associates and joint ventures of a wholly owned public sector entity; and
- the Government Employees Superannuation Board (GESB).

HEALTH AND DISABILITY SERVICES COMPLAINTS OFFICE NOTES TO THE FINANCIAL STATEMENTS

Material transactions with related parties

Outside of normal citizen type transactions with the Office, there were no related party transactions that involved key management personnel and/or their close family members and/or their controlled (or jointly controlled) entities.

8.5 Remuneration of auditors

Remuneration paid or payable to the Auditor General in respect of the audit for the current financial year is as follows:

	2020	2019
Auditing the accounts, financial statements, controls, and key performance indicators	25,883	25,883

8.6 Equity

Contributed Equity	2020	2019
Balance at start of period	-	-
Contributions by owners		
Capital appropriation	107,000	-
Total contributions by owners	107,000	-
Balance at end of period	107,000	-

8.7 Supplementary financial information

(a) Write-offs

During the financial year, there was no write-offs for the Office.

(b) Losses through theft, defaults and other causes

During the financial year, there was no loss through theft, default or other causes.

8.8 Explanatory Statement

The Office is exempted from *TI 945 Explanatory Statements*, which requires the reporting of significant variances between the actual results for 2020 and 2019, and estimated and actual results for 2020, as the Office's Total Cost of Services is below \$10 million for the two most recent consecutive comparative periods.

TI 945 Paragraph (1)(ii)

This instruction applies to accountable authorities of:

Each general government sector agency preparing Annual Estimates as defined in paragraphs (2)(i)(b)-(c) of this instruction (where applicable) and where their Total Cost of Services exceeds \$10 million for the two most recent consecutive comparative periods.

4.4 Estimates of Expenditure

The Annual Estimates for 2020-21 financial year are not provided in the HaDSCO 2019-20 Annual Report.

The Health and Disability Services Complaints Office will be established as a separate Budget Paper 2 Agency from the 2020-21 financial year. Due to the deferral of the approved 2020-21 Budget to 6 October 2020, the ministerially approved 2020-21 Annual Estimates are not provided here.

In line with *Treasurer's Instruction (TI) 953 Publication and Presentation of Annual Estimates*, the approved 2020-21 annual estimates will be published on HaDSCO's website as soon as practicable following the approval of the Minister.

4.5 Key Performance Indicators

4.5.1 Certification of Key Performance Indicators



Health and Disability Services Complaints Office

Certification of Key Performance Indicators

For the reporting period ended 30 June 2020

I hereby certify that the key performance indicators are based on proper records, are relevant and appropriate for assisting users to assess the Health and Disability Complaints Office's performance and fairly represent the performance of the Office for the financial year ended 30 June 2020.



Sarah Cowie
DIRECTOR
ACCOUNTABLE AUTHORITY
2 September 2020



4.5.2 Our Key Performance Indicators

Health and Disability Services Complaints Office Report on Key Performance Indicators

Government goal: Strong Communities: Safe communities and supported families.

Desired outcome: Improvement in the delivery of health and disability services.

An overview of the Health and Disability Services Complaints Office (HaDSCO) Key Performance Indicators is demonstrated in the table below:

Key Effectiveness Indicator	Services	Key Efficiency Indicators
Proportion of recommendations resulting in implementation by providers	Service One – Complaints Management: Assessment, negotiated settlement, conciliation and investigation of complaints	KPI 1.1 Percentage of complaints closed within legislative timeframes KPI 1.2 Average cost per finalised complaint
	Service Two – Education: Education and training in the prevention and resolution of complaints	KPI 2.1 Average cost per presentation, awareness raising, consultation and networking activities

Key Effectiveness Indicator

The Key Effectiveness Indicator reports on the proportion of recommendations resulting in implementation by providers. HaDSCO's key focus is to improve health, disability and mental health services. As a result of HaDSCO's complaints management processes, recommendations and agreed actions are made to service providers to improve the delivery of health, disability and mental health services.

The purpose of the Key Effectiveness Indicator is to report on the extent to which service providers are making changes to improve processes, practices and policies that arise from complaints. The table below represents the proportion of recommendations and agreed actions for service improvements implemented by service providers between 2015-16 and 2019-20.

Key Effectiveness Indicator	2015-16	2016-17	2017-18	2018-19	2019-20 Target	2019-20 Actual
Proportion of recommendations resulting in implementation by providers	67%	72%	83%	79%	75%	80%

In 2019-20, the Office continued to exceed the target which represents continuing performance against the desired outcome of broader systemic improvement in the provision of health, disability and mental health services.

Key Efficiency Indicators

Service One – Complaints Management: Assessment, negotiated settlement, conciliation and investigation of complaints

HaDSCO provides an impartial resolution service for complaints relating to health, disability and mental health services provided in Western Australia and the Indian Ocean Territories. HaDSCO delivers complaint management services, through assessment, negotiated settlement, conciliation and investigation of complaints.

The Key Efficiency Indicator relating to the provision of this service focuses on the percentage of complaints closed within legislative timeframes and the average cost per finalised complaint.

Key Efficiency Indicator 1.1: Percentage of complaints closed within legislation timeframes

In the management of complaints, HaDSCO works to statutory timeframes set out in the *Health and Disability Services (Complaints) Act 1995* and other enabling legislation. The table below represents the target and actual results for the legislative timeframes between 2015-16 and 2019-20:

Legislative requirement	Legislative timeframe (days)	2015-16	2016-17	2017-18	2018-19	2019-20 Target	2019-20 Actual
Preliminary assessment by Director s.34 (1)	28	98%	95%	95%	96%	95%	97%
Preliminary assessment by Director s.34 (1) (c)	56	97%	90%	92%	92%	92%	92%
Notice to provider and others s.35	14	93%	95%	91%	94%	95%	95%

In 2019-20, HaDSCO exceeded the forecasted target for preliminary assessment of complaints within 28 days and met the target for preliminary assessment of complaints within 56 days. The Office also achieved the target for notifying providers of the complaint within the 14 day timeframe where a complaint was accepted into negotiated settlement, conciliation or investigation.

Key Efficiency Indicator 1.2: Average cost per finalised complaint

The purpose of the Key Efficiency Indicator is to demonstrate the average cost per finalised complaint. It provides information on how much each complaint costs when managed through the complaints process. HaDSCO forecasted that 2,616 complaints would be closed during the financial year, this target was exceeded in the 2019-20 financial year with 2,641 complaints closed. The table below demonstrates the average cost per complaint, target and actual from 2015-16 to 2019-20:

Key Efficiency Indicator	2015-16	2016-17	2017-18	2018-19	2019-20 Target	2019-20 Actual
Average cost per finalised complaint	\$740	\$594	\$741	\$713	\$782	\$786

The average cost per finalised complaint is marginally higher than forecasted.

Service Two – Education: Education and training in the prevention and resolution of complaints

This service supports HaDSCO's broader role, set out in the Stakeholder Engagement Strategy for January 2019 - June 2020.

The Key Efficiency Indicator relating to the provision of this service focuses on the average cost per presentation, awareness raising, consultation and networking activities.

Group one costs: Development, production and distribution of information

The group one costs relate to the resources that contribute to the development, production and distribution of information. During the 2019-20 financial year, HaDSCO delivered a number of projects and initiatives. Examples of work that contributed to this cost include:

- Developing tailored resources for specified stakeholder groups to raise awareness of, and accessibility to, HaDSCO's services, utilising appropriate mechanisms to share this information.
- Preparing and distributing Report Cards to public and private Health Service Providers in Western Australia and the Department of Justice (Corrective Services).
- Releasing a *Health Complaint Trends Report 2014-15 to 2018-19* and a *Disability Services Data Collection Program Report 2015-16 to 2018-19* which provides an analysis of the complaint trends observed in the annual returns provided to HaDSCO through the data collection programs under section 75 of the *Health and Disability Services (Complaints) Act 1995* and section 48A of the *Disability Services Act 1993*.

The table below demonstrates group one costs for development, production and distribution of information from 2015-16 to 2019-20:

	2015-16	2016-17	2017-18	2018-19	2019-20
Group one costs: Development, production and distribution of information	\$412,419	\$358,198	\$420,282	\$431,128	\$481,431

The Group one cost was higher in 2019-20 due to the establishment of additional resourcing to deliver this function.

Group two costs: Presentations, awareness raising, consultations and networking

The group two costs relate to the resources that contribute to presentations, awareness raising, consultations and networking. Examples of work that contributed to this cost include:

- Planning and delivering metropolitan outreach, including participating in Homeless Connect Perth and in regional outreach to Kalgoorlie in the Goldfields, Busselton in the South West region, Dowerin in the Wheatbelt region and Mingenew in the Mid-West region.
- Delivering tailored presentations about how to improve the patient experience to university students in the allied health field and the Ministerial Youth Advisory Council.
- Facilitating awareness raising activities covering HaDSCO's role and functions by participating in round table discussions with the Podiatry Board and Aboriginal communities in Kalgoorlie, hosting exhibition booths at the Multicultural Women's Health Expo, the National Disability Services Conference and participating in the launch of mental health resources for Mental Health Matters 2.
- Visiting one metropolitan and one regional prison and a juvenile detention centre to hold discussions with staff, about complaint matters, meet with peer support prisoners, juvenile detainees and clinical nurse managers to discuss issues relating to the provision of health services in prisons.

- Collaborating with Linkwest to present an information session to nine regional community resource centres and attending the Linkwest Conference to raise awareness of HaDSCO's services.
- Participating in Working Groups and Steering Committees, including the National Disability Insurance Scheme Interface Steering Committee and the Independent Oversight Working Group for the Royal Commission into Institutional Responses to Child Sexual Abuse to contribute to national reforms in the health and disability sectors.

The table below demonstrates group two costs for presentations, awareness raising, consultations and networking from 2015-16 to 2019-20:

	2015-16	2016-17	2017-18	2018-19	2019-20
Group two costs: Presentations, awareness raising, consultations and networking	\$618,629	\$537,297	\$405,957	\$435,119	\$468,301

Key Efficiency Indicator 2.1: Average cost per presentation, awareness raising, consultation and networking activities

The purpose of this Key Efficiency Indicator is to demonstrate the average cost per presentation, awareness raising, consultation and networking activities.

HaDSCO delivered 200 engagement activities (presentations, awareness raising, consultation and networking activities) during the 2019-20 financial year, which was slightly below the forecasted target of 215 due to the postponement of visits to the Indian Ocean Territories, the Harvey Agricultural Show in the South West and the Western Australian Aboriginal Community Controlled Health Sector Conference during the COVID-19 pandemic. The activities completed in the 2019-20 financial year included:

- 5 presentations to provide a range of general and tailored information to stakeholders.
- 39 awareness raising activities to promote HaDSCO's services, increase knowledge of effective complaints management practices and raise awareness of patterns and trends resulting from analysis of complaints data.
- 138 consultations with key groups to share and exchange views and seek advice.
- 18 networking opportunities to build relationships with providers, government agencies and consumer groups.

The table below represents the average cost per presentation, awareness raising, consultation and networking activities from 2015-16 to 2019-20:

	2015-16	2016-17	2017-18	2018-19	2019-20 Target	2019-20 Actual
Average cost per presentation, awareness raising, consultation and networking activities	\$2,361	\$2,546	\$2,553	\$2,165	\$2,396	\$2,342

The average cost per presentation, awareness raising, consultation and networking activities is under target and continues to demonstrate efficient and effective delivery with a focus on delivering services in a cost effective manner.

4.6 Ministerial Directives

Treasurer's Instruction 903 Agency Annual Reports (section 12) requires the disclosure of information on any Ministerial Directives relevant to the setting or achievement of desired outcomes or operational objectives, investment and financing activities. No Ministerial Directives were received during the financial year.

4.7 Other financial disclosures

4.7.1 Pricing policy of services provided

HaDSCO receives revenue under a Service Delivery Arrangement with the Australian Government. Under this arrangement, HaDSCO manages complaints from the Indian Ocean Territories (IOT) regarding the delivery of health, disability and mental health services.

Each year HaDSCO recoups costs from the Australian Government for any complaints received from the IOT. Cost recovery is based on the average cost per complaint published in the Annual Report. Administrative costs, travel costs to the territories by HaDSCO staff and any promotional materials designed for the IOT are also recouped in full.

4.7.2 Capital works

Following funding approval, HaDSCO commenced and completed a tender process and contract award for a new case management system. The new system will provide improved functionality and meet business and data requirements now and into the future. It will support a more efficient complaint resolution service and strengthen the Office's capability to share data more broadly across the sectors.

In addition, the system will support the effective implementation of the new complaints resolution jurisdiction for the National Code of Conduct for health care workers once implemented in Western Australia. The case management system will come into operation during the 2020-21 financial year.

4.7.3 Employment and industrial relations

1 Employment of staff

The Office managed resourcing requirements within the salary cap. As at 30 June 2020 there were 24 employees directly employed by the Office. This includes contract staff providing short term expertise and backfilling staff during extended leave periods and individuals seconded into the Office. The following table provides a breakdown of the categories of employment for staff directly employed by the Office as at 30 June in 2018-19 and 2019-20.

Table 3: Employment of staff

Category	2018-19	2019-20
Full-time (permanent)	12	11
Full-time (secondment/contract)	3	8
Part-time (permanent)	3	3
Part-time (contract)	-	2
Total	18	24

Human resource management and staff development

Employees are the most important asset and the executive team recognises and values their contributions to the work of the Office.

- Engagement and retention**
 The Office places a strong emphasis on attracting and retaining a highly skilled, agile and diverse workforce. The Office provides benefits for staff including flexible work options and part-time working arrangements. This is promoted in job advertisements. A high quality induction program is provided for new employees to ensure that they understand expectations, processes and strategic direction.
 - Performance management**
 Performance management plans are in place for all employees and three key meetings occur throughout the calendar year for the purpose of planning, review and evaluation. The planning meeting coincides with the development of the yearly operational plan and includes discussion on leave planning and learning and development. This enables alignment of performance outcomes with deliverables and management of leave over peak periods.
 - Organisational development**
 Consistent with the Public Sector Commission aim of bringing leadership and expertise to the public sector to enhance integrity, effectiveness and efficiency, HaDSCO places an emphasis on developing staff to help improve performance and enhance capability. In the past 12 months, employees have completed specialised records management training and a senior staff member was selected for inclusion on the 2020 Signature Leadership Program facilitated by Leadership WA. An information session occurred with the Managing Director of Interpreters WA to ensure that all employees had a good understanding of the principles applying to the use of interpreters in complaint resolution services.
- Planned participation in other development programs for staff during the period March to June 2020 were postponed or cancelled due the COVID-19 pandemic.
- Office policies**
 A range of corporate policies have been reviewed and endorsed by the Corporate Executive in the reporting period, to ensure they align with changes in the governance framework for the public sector. The following were reviewed and endorsed in the reporting year:
 - Conflict of Interest
 - Criminal Screening
 - Leave Management
 - Secondary Employment
 - Learning and Development
 - Eyesight Testing

- Home Based Work
- Gifts, Benefits and Hospitality
- Public Interest Disclosure
- Risk Management
- Flexible Work
- Occupational Health and Safety
- Financial Management Manual (adopted from Department of Health)

• COVID-19 HaDSCO workforce response

At the commencement of the COVID-19 pandemic, HaDSCO established a Business Continuity team to respond to business continuity issues as they arose and ensure the wellbeing of employees in a co-ordinated manner. The focus has been on ensuring a responsive and agile workforce during response and recovery planning. The Office implemented a Business Continuity Plan and Pandemic Plan that were actioned accordingly. In addition, HaDSCO developed a COVIDSafe Roadmap to ensure employees were kept informed about whole of Government changes during the recovery phases and how they applied to the workplace.

The Office worked with Health Support Services to ensure ICT capabilities were established for all staff to work from home where necessary. Appropriate controls were put in place to ensure governance and accountability were not compromised. The Office developed a Home Based Work Policy – COVID-19, together with a Home Based Work COVID-19 Agreement and OSH Checklist. Checklists for managers and staff which apply specifically to these working arrangements were implemented for assistance on issues which may arise when working remotely in a pandemic environment. In addition, an Acceptable Use Policy for ICT specifically to cover the pandemic, was enacted.

To ensure appropriate infection control measures were in place, staff rotations were introduced enabling staff to work from home through a two-team arrangement. These were reviewed once Western Australia moved to Phase 2 recovery. Additional cleaning was arranged and is ongoing along with social distancing.

The Office reviewed working arrangements in line with guidance provided by the Public Sector Commission and the Department of Mines, Industry Regulation Safety – Public Sector Labour Relations Division as changes to the State pandemic response occurred.

Industrial relations

HaDSCO employees are employed under the *Public Service and Government Officers CSA General Agreement 2019*. The Director is employed under the *Salaries and Allowances Tribunal Act 1975*.

Workers compensation claims

In accordance with *Treasurer's Instruction 903 Agency Annual Reports* (section 13iic), the Office had the following workers compensation disclosures in the 2019-20 reporting year.

Table 4: Workers compensation claims

Category	2018-19	2019-20
Worker's compensation claims	Nil	Nil
Lost time injuries	Nil	Nil

Occupational safety and health and injury management

In accordance with the *Public Sector Commissioner's Circular 2018/03: Code of Practice: Occupational Safety and Health in the Western Australian Public Sector*, there is a commitment from HaDSCO's executive team to ensure the Office complies with the requirements of the *Workers Compensation and Injury Management Act 1981*.

HaDSCO's executive team is committed to providing occupational safety and health and injury management support to all workers who sustain a work or related injury or illness with a focus on safe and early return to meaningful work. Support is given to employees through return-to work plans, workplace ergonomic assessments, access to an Employee Assistance Program and training in this subject matter.

Table 5: Occupational safety and health and injury management

Indicator	2016-17 Actual	2018-19 Actual	Target	2019-20 Actual	Comment
Number of fatalities	0	0	0	0	Target achieved
Lost time injury and disease (LTI/D) incidence rate	1	0	0	0	Target achieved
Lost time injury and disease severity rate	0	0	0	0	Target achieved
Percentage of injured workers returned to work within 13 weeks	Not applicable	Not applicable	Greater than or equal to 80%	Not applicable	Target achieved
Percentage of injured workers returned to work within 26 weeks	Not applicable	Not applicable	Greater than or equal to 80%	Not applicable	Target achieved
Percentage of managers and supervisors trained in occupational safety, health and injury management responsibilities	100%	80%	Greater than or equal to 80%	83%	Target achieved

Workforce Diversity Plan

HaDSCO has developed and implemented a Workforce Diversity Plan as part of the commitment to create a workplace that is fair and values inclusion. The plan focusses on ensuring that HaDSCO promotes a workplace culture that values diverse skills and perspectives; and fair and inclusive work practices. Initiatives of the Workforce Diversity Plan assist HaDSCO in achieving three high-level outcomes:

- Equal employment opportunity and diversity is a core value and the work environment is free from all forms of harassment.
- The workplace is free from employment practices that are biased or discriminate unlawfully against employees or potential employees.
- Employment programs and practices recognise and include strategies to improve outcomes for employees from diversity groups.

The Workforce Diversity Plan requirements will be articulated as programs, projects and activities into operational planning to ensure requirements specified in the plan are met.

Delegation of Authority

HaDSCO's Delegation Manual outlines administrative responsibilities for officers and their authority to carry out day-to-day tasks. The Delegation Manual is drafted in accordance with the requirements of the *Public Sector Management Act 1994* and the *Financial Management Act 2006*. The delegations were reviewed and updated in 2019-20 to ensure currency with business need. Employees are aware that delegation limits are specified in the manual and that they must be adhered to and not exceeded.

Purchasing cards

The Office has strict policy and procedures regulating credit card use. The use of a corporate credit for personal purchases is prohibited. During 2019-20, the Office reviewed and updated the purchasing card procedure to further strengthen its application.

In accordance with *Treasurer's Instruction 903 Agency Annual Reports* (section 13iv), there are no instances of a Western Australian Government Purchasing Card being used for a personal purpose for the 2019-20 reporting year.

4.8 Governance disclosures

In accordance with *Treasurer's Instruction 903 Agency Annual Reports* (section 14(i)(ii) (iv)), a senior officer of HaDSCO is required to disclose particulars of any shares in the Statutory Authority held as a nominee or beneficially and details in any subsidiary body of the agency held either as a nominee or beneficially or any insurance premium paid to indemnify any director.

4.8.1 Shares in Statutory Authorities

There are no shares held as a nominee or beneficially by a senior officer of HaDSCO in the 2019-20 reporting year.

4.8.2 Shares in subsidiary bodies

There are no shares in any subsidiary body of the agency held either as a nominee or beneficially by a senior officer of HaDSCO in the 2019-20 reporting year.

4.8.3 Insurance paid to indemnify directors

HaDSCO does not have any directors as defined by Part 3 of the *Statutory Corporations (Liability of Directors) Act 1996*.

4.9 Other legal requirements

4.9.1 Substantive equality

In accordance with the *Equal Opportunity Act 1984* and the *Public Sector Commissioner's Circular 2015/01: Substantive Equality – Implementation of the Policy Framework (Addressing systemic discrimination in service delivery)*, the Office aims to make services accessible to all people living in Western Australia and recognises that making a complaint can be particularly difficult for some people, due to cultural, linguistic and geographical challenges.

In an effort to achieve equality of access, the Office continued to:

- Enable people to make enquiries to the Office through a range of mediums, such as over the telephone, in writing (letter or email) or in person. Translation services are offered for any community member requiring assistance.
- Promote the TTY and country toll free number in publications and on the website.
- Provide translated information about HaDSCO's services in several languages including Bahasa Malay, Simplified Chinese, Cocos Malay, Italian and Vietnamese.
- Recognise that parts of the legislation administered may be difficult to comply with, for example; the requirement that people make a reasonable attempt to resolve their complaint with the service provider before HaDSCO progresses the matter. Acting under delegation, staff therefore exercise discretion under the guiding legislation to provide assistance where necessary.

4.9.2 Disability Access and Inclusion Plan outcomes

The *Disability Services Act 1993* requires all State Government departments and local governments to develop and implement a Disability Access and Inclusion Plan (DAIP). This helps to ensure people with disability have the same opportunities as other people in the community to access services, facilities and information. Being a Statutory Authority, HaDSCO is not required to develop and implement a plan by law.

However, the Office values the importance of the benefits of a DAIP and the current plan reflects the vision to empower the community and service providers to collaboratively improve health, disability and mental health services, with an inclusive, highly engaged and accountable workforce.

The following strategies were progressed in the 2019-20 reporting year HaDSCO:

- Hosted an information and education exhibit at the National Disability Services State Conference.
- Published a guide titled 'Complaints about disability services' to assist individuals to navigate complaints processes for disability services.
- Attended an International Day of Disability event at Fiona Stanley Hospital where presenters spoke about their personal experience of living with disability or caring for persons with disability.
- Developed and launched an Easy English information sheet titled 'How to complain about a disability service'.

4.9.3 Compliance with Public Sector Standards and ethical codes

The senior executive understand that strong leadership, a positive organisational culture and robust governance systems are all drivers of ethical behaviour, create opportunity for improved organisational performance and public trust and confidence. The administration of the Office complies with the *Public Sector Standards in Human Resource Management* and the *Western Australian Public Sector Code of Ethics*. Monitoring provisions also include:

- A process to ensure there are current performance management plans in place for all employees.
- An external quality assurance process is undertaken prior to the final decision for recruitment, selection and appointment decisions.

The applications made for a breach of standard review and the corresponding outcome for the reporting period are detailed in the following table:

Table 6: Application for breach of standard review

Applications for breach of standard and corresponding outcomes	2019-20
Number lodged	1
Number of breaches found	0
Number still under review	0

4.9.4 Code of Conduct

All employees are expected to abide by the *Western Australia Public Sector Code of Ethics* and HaDSCO's *Code of Conduct*. The reporting of suspected or actual wrongdoing by public sector employees contributes to the integrity of the Office and the public sector.

On appointment, all staff sign the *Code of Conduct* to confirm their understanding of its application and swear an oath or make an affirmation about maintaining appropriate confidentiality in accordance with the provisions of the *Health and Disability Services (Complaints) Act 1995*.

To further embed the principles of integrity and ethical behavior, the Office has an Etiquette Guide with sets out required behaviours in the workplace.

There has been no evidence of non-compliance with ethical codes in the 2019-20 year.

4.9.5 Risk management and internal audit

The Office recognises that the management of risk is an integral part of good governance practice. HaDSCO manages risk through a framework that contains a register which is monitored and updated regularly, with periodic reports to the Corporate Executive. Compliance with the requirements is mandatory to enhance governance, strategic and business planning processes and to optimise operations. A Business Continuity Plan was introduced to further identify appropriate controls to manage risk effectively.

Building upon this, in 2019-20, an Internal Audit Committee was established and its first meeting occurred in August 2019, with a further meeting in December 2019. As part of establishing the Committee, the Office developed an Internal Audit Charter and an Internal Audit Committee Charter to support the function.

HaDSCO implemented a Strategic Audit Plan and the first audit was undertaken in August 2019 for the complaints resolution process. The outcome was reported to the second meeting of the year and further planned audits were deferred due to the pandemic.

In line with the update to *Treasurer's Instruction 1201 Internal Audit*, the committee structure was reviewed and an independent chairperson was appointed, together with an additional independent member. The new committee met in June 2020.

4.9.6 Board and committee remuneration

HaDSCO is required to report on the individual and aggregate costs of remunerating members of its Internal Audit Committee as defined in the *Premier's Circular 2019/07: State Government boards and committees*. Members of government boards and committees who are government employees are ineligible for remuneration and the remuneration is listed as zero.

Table 7: Internal Audit Committee

Position Title	Member Name	Type of remuneration	Period of membership	Term of Appointment of Tenure	Sitting Fees	Actual remuneration for the financial year
Chair	James Cottrill	Hourly rate	3 years	Sessional	\$200.00	\$550.00
Member	Jodie Wallace	N/A	3 years	Sessional	-	-
Member	Darian Ferguson	N/A	3 years	Sessional	-	-
Total					\$200.00	\$550.00

4.9.7 Integrity Strategy for WA Public Authorities 2020-2023

Integrity has to be embedded in all aspects of work in governance and administration; systems and controls; culture and attitude; and accountabilities and responses. The executive team understands that integrity is paramount in all aspects of service delivery and staff conduct. This is to assure the public that the Office acts in the public interest in all decision making processes and actions taken. The Business Services function of the Office ensures that integrity is embedded in all aspects of work to support the Public Sector Commission *Integrity Strategy 2020-23 for WA Public Authorities*.

Actions currently in progress in line with the key improvement areas of the Integrity Strategy 2020-23 include:

- Evaluation of the Office's approaches to promoting integrity and reducing misconduct through the Public Sector Commission integrity Snapshot Tool.
- Identification of any gaps in the current approaches to integrity that can be actioned through the Public Sector Commission integrity Snapshot Tool.
- Development of an Integrity, Fraud and Corruption Control Plan and Policy.

4.9.8 Freedom of information

The *Freedom of Information Act 1992* (the FOI Act) was established to enhance public participation in government and increase the accountability of State and Local governments. In accordance with the FOI Act, HaDSCO aims to make information available to the public promptly and at the least possible cost.

As an independent Statutory Authority offering impartial resolution service for complaints relating to health, disability and mental health services, the Office holds information related to this function including:

- Complaints and investigations information.
- Information outlining how our Office implements our functions.
- Information relating to the management of our Office.

Documents can be accessed on the Office's website at www.hadsco.wa.gov.au.

An information statement has been produced in accordance with the requirements of the FOI Act and is available on the Office's website at www.hadsco.wa.gov.au. This statement provides a guide on how to apply for access to documents and the two kinds of requests for information.

During the year, HaDSCO received four FOI applications. FOI enquiries can be emailed to the FOI Coordinator at: mail@hadsco.wa.gov.au

4.9.9 Record keeping plans

- 1 In accordance with the *State Records Act 2000*, a current approved Record Keeping Plan and Sector Disposal Authority is in place.
- 2 HaDSCO continues to maintain record-keeping policies, processes and training for all employees. This year, a records management system functional review was carried out with implementation of the review recommendations now occurring.
- 3 This enables the conduct of record keeping within HaDSCO to meet the legislative requirements of the *State Records Act 2000* and *State Records Commission Standard 2: Principle 6*.
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4.9.10 Expenditure on advertising, market research, polling and direct mail.

In accordance with the requirements of section 175ZE of the *Electoral Act 1907*, the following expenditures were incurred by, the Office as shown in the table below:

Table 8: Expenditure on advertising, market research, polling and direct mail

Class of Organisation	Amount ex GST	Organisation	2019-20 Expenditure
Advertising Agencies	\$6,674.65	White Pages Directory	\$1,942.49
		West Australian	\$3,501.82
		Australian Community Media	\$1,230.34
Market Research Organisations	-	-	
Polling Organisations	-	-	
Direct Mail Organisations	\$327.24	Survey Monkey	\$327.24
Media Advertising Agencies	-	-	

4.10 Other disclosures

4.10.1 Budget Paper 2 agency

In 2019-20, HaDSCO received approval from the Treasurer; Minister for Finance; Aboriginal Affairs; Lands; to become a separate Budget Paper 2 agency and will receive a direct service appropriation from 2020-21 rather than a Treasury Administered appropriation. Associated with this, the Office also undertook a minor review of its Key Performance Indicators with the new indicators to come into effect in the 2020-21 financial year.

4.10.2 Service Charter

In January 2020, HaDSCO published its Service Charter as a guide to assist members of the community and service providers about the approach HaDSCO takes to deliver its complaints resolution service and what to expect when contacting the Office.

The Service Charter is published on the HaDSCO website and helps to raise awareness that the complaints process is independent and impartial and is administered in a open and honest manner to obtain the best resolution for both parties.


Each month a sample of individuals who have accessed the complaint resolution services invited to complete a survey about their experience. The information provided serves to improve HaDSCO's services. Individuals can also provide general feedback at any time via the website. Service providers are also surveyed annually for feedback about HaDSCO's complaint resolution service.

Informational Poster displayed at Australasian Doctors Health Conference held in Fremantle, Perth in November 2019.

Appendices

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Government of Western Australia
Health and Disability Services Complaints Office

Using complaints to drive positive workplace change

"From one complaint, there can be redress for the individual and system changes for many others to improve service delivery." – Ms Sarah Cowie, Director, HaDSCO

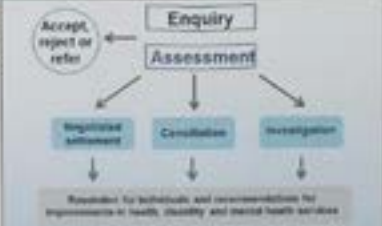
The Health and Disability Services Complaints Office (HaDSCO) is an independent Statutory Authority that receives complaints about health, disability and mental health services in Western Australia and the Indian Ocean Territories.

Service One

1. Assessment, negotiated settlement, conciliation and investigation of complaints

Complaints can be effectively resolved at the provider/service level and can present opportunity for positive change in the workplace and in professional practice.

HaDSCO is required to consult with the Australian Health Practitioner Regulation Agency (AHPRA) about complaints relating to registered health professionals.



Common Health Complaint Themes:

- Treatment
- Communication and information
- Fees and costs
- Access

Service Two

2. Education and training in the prevention and resolution of complaints

- HaDSCO utilises complaints data to inform service improvement opportunities.
- Educative tools include:
 - Community outreach and sector engagement
 - Guidelines for Handling Complaints about Mental Health Services
 - Aboriginal, youth and disability specific brochures and information sheets, and more

Complaints and service improvement

There are measures and strategies that health service providers can adopt in order to prevent complaints, or in the event of receiving them, to ensure positive outcomes are achieved.

Effective complaint handling systems

When things do go wrong and a complaint is received, a best practice complaint handling system goes a long way to preventing the escalation of complaints, and to ensuring positive outcomes at both the individual and systemic levels.

The Australian/New Zealand Standard Guidelines for complaint management in organizations (AS/NZS 10002:2014) outline benchmark principles for organisations to follow. They key ones are:

1. Enabling complaints
2. Managing complaints
3. Managing the parties
4. Accountability and learning

Person-centred practice in complaints management

Person-centred, equitable, seamless access, as per Strategy 4 in the Sustainable Health Review Final Report, is key to complaint prevention at the service level.

Person centred practice in a complaints context includes:

- Positive complaints resolution culture
- Visible and accessible, various modes for receiving complaints

Positive outcomes from complaints

Redress for individuals	System/service improvements
Apologetics	Review or change of policy or procedure
Explanations offered	Change in process for better service
Refunds, fee waivers, reimbursements and goodwill payments	Self education and training
Access to medical records	Improved communication
Access to services	

"I just wanted to express my sincere thank you for your help with my complaint about [the] hospital... I am happy that the outcome might help other people in a similar situation."

– Complainant to HaDSCO, 2018

Contact HaDSCO

Complaints and enquiries: (08) 6551 7600 Email: mail@hadsco.wa.gov.au
Reception: (08) 6551 7620 Web: www.hadsco.wa.gov.au
Freecall from landlines: 1800 813 583 Office hours: Monday – Friday 8:30am – 4:30pm

Supporting improvement through complaint resolution

5.1 Australian Health Practitioner Regulation Agency National Boards

The Australian Health Practitioner Regulation Agency (Ahpra) 15 National Boards are listed in the table below.

Table 9: Australian Health Practitioner Agency (Ahpra) 15 National Boards

Aboriginal and Torres Strait Islander Health Practice Board of Australia
Chinese Medicine Board of Australia
Chiropractic Board of Australia
Dental Board of Australia
Medical Board of Australia
Medical Radiation Practice Board of Australia
Nursing and Midwifery Board of Australia
Occupational Therapy Board of Australia
Optometry Board of Australia
Osteopathy Board of Australia
Paramedicine Board of Australia
Pharmacy Board of Australia
Physiotherapy Board of Australia
Podiatry Board of Australia
Psychology Board of Australia

5.2 Health services – complaint issues

The table below details the number of times a specific complaint issue was raised in a complaint about a health service closed over the past three years. The individual complaint issues are grouped by the overarching issue category. Due to rounding, the percentages may not sum to 100%.

Table 10: Specific complaint issues raised about a health service

Complaint category and issues	2017-18		2018-19		2019-20	
Treatment	No.	%	No.	%	No.	%
Attendance	7	1%	6	1%	6	1%
Coordination of treatment	63	6%	42	4%	71	6%
Delay in treatment	38	4%	61	7%	110	9%
Diagnosis	110	10%	107	11%	58	5%
Excessive treatment	27	3%	12	1%	22	2%
Experimental treatment	4	0%	1	0%	2	0%
Inadequate consultation	130	12%	96	10%	62	5%
Inadequate treatment	351	32%	331	35%	404	35%
Infection control	20	2%	10	1%	44	4%
No/inappropriate referral	30	3%	35	4%	31	3%
Public/private election	3	0%	1	0%	0	0%
Rough and painful treatment	21	2%	36	4%	43	4%
Unexpected treatment outcome/ complications	206	19%	143	15%	187	16%
Withdrawal of treatment	26	2%	20	2%	33	3%
Wrong/inappropriate treatment	55	5%	43	5%	89	8%
Total	1,091	100%	944	100%	1,162	100%

Communication & information	No.	%	No.	%	No.	%
Attitude/manner	270	51%	279	51%	189	49%
Inadequate information provided	85	16%	92	17%	110	29%
Incorrect/misleading information provided	125	24%	106	20%	62	16%
Special needs not accommodated	53	10%	66	12%	21	5%
Total	533	100%	543	100%	382	100%

Fees and costs	No.	%	No.	%	No.	%
Billing practices	181	51%	182	52%	157	58%
Cost of treatment	108	30%	71	20%	84	31%
Financial consent	69	19%	97	28%	29	11%
Total	358	100%	350	100%	270	100%



Complaint category and issues	2017-18		2018-19		2019-20	
Access	No.	%	No.	%	No.	%
Access to facility	5	2%	10	4%	22	9%
Access to subsidies	7	2%	3	1%	12	5%
Refusal to admit or treat	84	28%	68	28%	105	43%
Remoteness of service	3	1%	7	3%	3	1%
Service availability	115	39%	96	39%	63	26%
Waiting lists	85	28%	63	26%	37	15%
Total	299	100%	247	100%	242	100%

Medication	No.	%	No.	%	No.	%
Administering medication	53	23%	30	16%	24	12%
Dispensing medication	34	15%	16	8%	19	9%
Prescribing medication	132	58%	136	71%	138	68%
Supply/security/storage of medication	9	4%	10	5%	21	10%
Total	228	100%	192	100%	202	100%

Enquiry service only	No.	%	No.	%	No.	%
Request for information - HaDSCO	23	17%	19	17%	4	25%
Request for information - complaint mechanisms	46	33%	30	27%	2	13%
Request for information - health service	49	35%	44	40%	0	0%
Request for information - other	19	14%	17	16%	8	50%
Resources	2	1%	0	0%	2	13%
Total	139	100%	110	100%	16	100%

Medical records	No.	%	No.	%	No.	%
Access to/transfer of records	55	66%	82	79%	58	67%
Record keeping	22	27%	17	16%	15	17%
Records management	6	7%	5	5%	14	16%
Total	83	100%	104	100%	87	100%

Professional conduct	No.	%	No.	%	No.	%
Assault	5	6%	2	2%	13	12%
Boundary violation	4	5%	2	2%	1	1%
Breach of condition	2	3%	1	1%	0	0%
Competence	41	53%	43	51%	37	35%
Discriminatory conduct	8	10%	5	6%	8	8%
Emergency treatment not provided	2	3%	2	2%	1	1%
Financial fraud	0	0%	0	0%	3	3%
Illegal practice	1	1%	1	1%	9	8%
Impairment	2	3%	2	2%	2	2%
Inappropriate disclosure of information	10	13%	18	21%	21	20%
Misrepresentation of qualifications	2	3%	4	5%	4	4%
Scientific fraud	0	0%	0	0%	1	1%
Sexual misconduct	1	1%	5	6%	6	6%
Total	78	100%	85	100%	106	100%



Complaint category and issues	2017-18		2018-19		2019-20	
Reports / certificates	No.	%	No.	%	No.	%
Accuracy of report/certificate	21	44%	26	45%	34	54%
Cost of report/certificate	3	6%	4	7%	5	8%
Refusal to provide report/certificate	12	25%	15	26%	17	27%
Report written with inadequate/no consultation	1	2%	4	7%	1	2%
Timeliness of report/certificate	11	23%	9	16%	6	10%
Total	48	100%	58	100%	63	100%

Discharge and transfer arrangements	No.	%	No.	%	No.	%
Delay	3	5%	5	9%	3	8%
Inadequate discharge	54	83%	42	75%	26	70%
Mode of transport	4	6%	3	5%	4	11%
Patient not reviewed	4	6%	6	11%	4	11%
Total	65	100%	56	100%	37	100%

Environment / management of facilities	No.	%	No.	%	No.	%
Administrative processes	10	19%	9	21%	6	13%
Cleanliness/hygiene of facility	13	25%	11	26%	15	31%
Physical environment of facility	21	40%	16	38%	25	52%
Staffing and rostering	6	11%	4	10%	2	4%
Statutory obligations/accreditation standards not met	3	6%	2	5%	0	0%
Total	53	100%	42	100%	48	100%

Grievance processes	No.	%	No.	%	No.	%
Inadequate/no response to complaint	29	81%	27	82%	22	85%
Information about complaints procedures not provided	4	11%	2	6%	3	12%
Reprisal/retaliation as result of complaint lodged	3	8%	4	12%	1	4%
Total	36	100%	33	100%	26	100%

Consent	No.	%	No.	%	No.	%
Consent not obtained or inadequate	13	54%	22	79%	26	84%
Involuntary admission or treatment	3	13%	0	0%	0	0%
Uninformed consent	8	33%	6	21%	5	16%
Total	24	100%	28	100%	31	100%

Carers Charter	No.	%	No.	%	No.	%
Failure to consider needs of carer	1	9%	6	25%	6	30%
Failure to consult carer	7	64%	10	42%	7	35%
Failure to treat carer with respect and dignity	1	9%	6	25%	3	15%
Unsatisfactory complaint handling	2	18%	2	8%	4	20%
Total	11	100%	24	100%	20	100%

5.3 Health providers prescribed under section 75 of the *Health and Disability Services (Complaints) Act 1995*

Table 11: Health Providers prescribed under section 75 of the *Health and Disability Services (Complaints) Act 1995*

Abbotsford Private Hospital
Albany Community Hospice
Attadale Rehabilitation Hospital
Bethesda Hospital
Child and Adolescent Health Service
Department of Justice - Corrective Services
East Metropolitan Health Service
Glengarry Private Hospital
Hollywood Private Hospital
Joondalup Health Campus
Mount Hospital
Ngala Family Services
North Metropolitan Health Service
Peel Health Campus
Perth Clinic
Royal Flying Doctor Service
Silver Chain Nursing Association Incorporated
South Metropolitan Health Service
South Perth Hospital
St John Ambulance Service
St John of God Hospital including Bunbury, Geraldton, Mt Lawley, Murdoch, Midland (private and public) and Subiaco Hospitals
Subiaco Private Hospital
The Marian Centre
Waikiki Private Hospital
WA Country Health Service



5.4 Disability Services – complaint issues

The table below details the number of times a specific complaint issue was raised in a complaint about a disability service. The individual complaint issues are grouped by the overarching issue category. Due to rounding, the percentages may not sum to 100%. Only complaint issues identified in complaints closed over the past three years are included.

Table 12: Specific complaint issues raised about a disability service

Complaint category and issues	2017-18		2018-19		2019-20	
Service Delivery	No.	%	No.	%	No.	%
Staff conduct	11	22%	15	17%	17	20%
No/inadequate service	7	14%	14	16%	24	28%
Service delayed	2	4%	6	7%	6	7%
Service eligibility	0	0%	2	2%	0	0%
Service reduced	8	16%	2	2%	5	6%
Service refused	2	4%	3	3%	4	5%
Treatment/care	14	29%	17	20%	12	14%
Service withdrawn	0	0%	6	7%	2	2%
Communication	5	10%	22	25%	16	19%
Total	49	100%	87	100%	86	100%

Service Management	No.	%	No.	%	No.	%
Police clearances	0	0%	0	0%	1	3%
Physical environment	5	14%	5	17%	2	7%
Participation	1	3%	0	0%	2	7%
Monitoring performance	3	8%	1	3%	1	3%
Roles and responsibilities	1	3%	1	3%	1	3%
Staff competence	12	32%	6	21%	5	17%
Administration/record keeping	1	3%	5	17%	3	10%
Funding	10	27%	6	21%	8	28%
Co-ordinated service delivery	4	11%	5	17%	6	21%
Total	37	100%	29	100%	29	100%

Individual Needs	No.	%	No.	%	No.	%
Policies/procedures	1	10%	0	0%	0	0%
Reviewing changing needs	4	40%	3	20%	3	21%
Facilities and services	0	0%	5	33%	5	36%
Support	5	50%	4	27%	5	36%
Sensitivity	0	0%	3	20%	1	7%
Total	10	100%	15	100%	14	100%

Service Costs and Financial Assistance	%		No.		%	
	No.	%	No.	%	No.	%
Cost	4	31%	9	60%	14	58%
Financial assistance/funding	9	69%	6	40%	10	42%
Total	13	100%	15	100%	24	100%



Complaint category and issues	2017-18		2018-19		2019-20	
Enquiry Only	No.	%	No.	%	No.	%
Request for information — complaint mechanisms	0	0%	4	31%	0	0%
Request for information — disability service	1	33%	2	15%	2	100%
Request for information — HaDSCO	0	0%	6	46%	0	0%
Resources	2	67%	1	8%	0	0%
Total	3	100%	13	100%	2	100%

Carers Charter	No.	%	No.	%	No.	%
Failure to consider needs of carer	1	14%	5	46%	2	22%
Failure to consult carer	3	43%	2	18%	4	44%
Failure to treat the carer with respect and dignity	1	14%	2	18%	1	11%
Unsatisfactory complaints handling	2	29%	2	18%	2	22%
Total	7	100%	11	100%	9	100%

Complaints and Disputes	No.	%	No.	%	No.	%
Policies and procedures	0	0%	3	38%	1	9%
Complaint resolution	4	80%	5	63%	9	82%
Privacy	1	20%	0	0%	1	9%
Total	5	100%	8	100%	11	100%

Privacy, dignity and confidentiality	No.	%	No.	%	No.	%
Policies and procedures	0	0%	1	13%	1	10%
Consumer information	0	0%	3	38%	3	30%
Consent	1	33%	3	38%	4	40%
Consumer rights	2	67%	1	13%	2	20%
Total	3	100%	8	100%	10	100%



Complaint category and issues	2017-18		2018-19		2019-20	
Decision Making and Choice	No.	%	No.	%	No.	%
Policies and procedures	2	20%	1	25%	0	0%
Informed choices	4	40%	3	75%	1	50%
Advocate	2	20%	0	0%	1	50%
Risk management	2	20%	0	0%	0	0%
Total	10	100%	4	100%	2	100%

Legal and Human Rights	No.	%	No.	%	No.	%
Policies and procedures	1	20%	1	25%	0	0%
Exercise rights	1	20%	0	0%	0	0%
Response to allegations of abuse/neglect	3	60%	3	75%	0	0%
Total	5	100%	4	100%	0	0%

Service Access	No.	%	No.	%	No.	%
Policies and procedures	1	100%	2	50%	1	13%
Entrance/exit criteria priority	0	0%	1	25%	1	13%
Appropriate referral	0	0%	1	25%	3	38%
Information sharing	0	0%	0	0%	3	38%
Total	1	100%	4	100%	8	100%

Contribution to Community	No.	%	No.	%	No.	%
Abilities, contribution and competence	0	0%	1	100%	1	100%
Total	0	0%	1	100%	1	100%

Participation and Integration	No.	%	No.	%	No.	%
Policies and procedures	0	0%	0	0%	1	50%
Community involvement	0	0%	0	0%	1	50%
Total	0	0%	0	0%	2	100%

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5.5 Disability providers prescribed under section 48A of the Disability Services Act 1993

De-identified data is collected from the following prescribed disability service providers listed in the table below.

Table 13: Disability providers who are prescribed under section 48A of the Disability Services Act 1993

The Cerebral Palsy Association of Western Australia Ltd – Ability Centre
Activ Foundation Incorporated
Seventh-day Adventist Aged Care (WA) – Adventist Residential Care Nollamara
Autism Association of Western Australia Inc.
Avivo (formerly Perth Home Care Services Inc.)
Baptistcare Incorporated
Community Living Association Inc.
Department of Communities
Empowering People in Communities (EPIC) Inc.
Enable Southwest Inc (WA)
Identitywa
Australian Red Cross Society - Lady Lawley Cottage
Lifestyle Solutions (Australia) Ltd (Western Operations)
Mosaic Community Care Inc.
My Place Foundation Inc.
Nulsen Haven Association (Inc.)
Rocky Bay Incorporated
Senses Australia
Therapy Focus Incorporated
Uniting WA (formerly Uniting Care West)



5.6 Mental health services – complaint issues

The table below details the number of times a specific complaint issue was raised in a complaint about a mental health service. The individual complaint issues are grouped by the overarching issue category.

Only complaint issues identified in mental health complaints closed over the past three years are included. Due to rounding, the percentages may not sum to 100%.

Table 14: Specific complaint issues raised about a mental health service

Complaint category and issues	2017-18		2018-19		2019-20	
Quality of clinical care	No.	%	No.	%	No.	%
Inadequate assessment	61	32%	51	27%	41	17%
Inadequate treatment/therapy	28	15%	28	15%	64	27%
Poor coordination of treatment	10	5%	12	6%	17	7%
Failure to provide safe environment	25	13%	14	7%	16	7%
Pain issues	2	1%	1	1%	1	<1%
Medication issues	40	21%	48	25%	58	25%
Post procedure complications	1	1%	2	1%	1	<1%
Patient test results not followed up	0	0%	0	0%	1	<1%
Inadequate infection control	0	0%	1	1%	0	0%
Discharge or transfer arrangements	20	11%	24	13%	29	12%
Refusal to refer or assist to obtain a second opinion	3	2%	11	6%	7	3%
Total	190	100%	192	100%	235	100%

Communication	No.	%	No.	%	No.	%
Inadequate medical information provided	6	4%	12	9%	9	10%
Inadequate information about services available	6	4%	3	2%	6	7%
Misinformation/failure in communication (not failure to consult)	14	10%	19	14%	12	13%
Inadequate/inaccurate personal information in a medical records	10	7%	5	4%	11	12%
Inadequate written communication	3	2%	0	0%	5	6%
Inappropriate verbal/non-verbal communication	32	24%	30	22%	17	19%
Failure to listen to consumer/representative/carer/family	65	48%	66	49%	29	33%
Total	136	100%	135	100%	89	100%



Complaint category and issues	2017-18		2018-19		2019-20	
Rights, respect and dignity	No.	%	No.	%	No.	%
Consumer rights (WA Public Patients Hospital Charter)	7	10%	16	17%	2	3%
Inconsiderate service/lack of courtesy	8	11%	9	10%	10	13%
Absence of compassion	19	26%	36	38%	5	6%
Failure to ensure privacy	4	5%	5	5%	4	5%
Breach of confidentiality	3	4%	10	11%	16	21%
Discrimination leading to less favourable health treatment	2	3%	1	1%	6	8%
Failure to fulfil Mental Health legislation requirements	23	31%	9	10%	10	13%
Certificate or report problem	5	7%	5	5%	11	14%
Denying/restricting access to personal health records	3	4%	3	3%	14	18%
Total	74	100%	94	100%	78	100%

Professional conduct	No.	%	No.	%	No.	%
Inaccuracy of records	7	21%	12	30%	6	10%
Illegal practices	1	3%	3	8%	6	10%
Physical/mental impairment of health professional	0	0%	0	0%	0	0%
Sexual impropriety	1	3%	0	0%	2	3%
Sexual misconduct	0	0%	0	0%	3	5%
Aggression/assault	4	12%	6	15%	10	17%
Unprofessional behaviour	20	59%	19	48%	30	52%
Fraud/illegal practice of financial nature	1	3%	0	0%	1	2%
Total	34	100%	40	100%	58	100%

Decision making	No.	%	No.	%	No.	%
Failure to consult and involve in decision-making process	19	39%	6	18%	13	76%
Choice regarding treatment as public/private patient	4	8%	3	9%	0	0%
Consent not informed	6	12%	3	9%	1	6%
Consent not obtained	5	10%	3	9%	2	12%
Consent invalid	15	31%	18	55%	1	6%
Total	49	100%	33	100%	17	100%

Access	No.	%	No.	%	No.	%
Delay in admission/treatment	6	17%	1	4%	18	30%
Waiting list delay	0	0%	2	7%	2	3%
Staff member or contractor unavailable	2	6%	1	4%	2	3%
Inadequate resources/lack of service	8	23%	7	25%	15	25%
Refusal to provide services	19	54%	17	61%	22	36%
Failure to provide advice about transport options	0	0%	0	0%	0	0%
Physical access/entry	0	0%	0	0%	2	3%
Total	35	100%	28	100%	61	100%



Complaint category and issues	2017-18		2018-19		2019-20	
Carers Charter	No.	%	No.	%	No.	%
Failure to consider the needs of a carer	7	39%	4	21%	2	20%
Failure to consult a carer	8	44%	7	37%	3	30%
Failure to treat a carer with respect and dignity	2	11%	3	16%	3	30%
Unsatisfactory complaint handling of carer complaint	1	6%	5	26%	2	20%
Total	18	100%	19	100%	10	100%

Grievances	No.	%	No.	%	No.	%
Response to a complaint	8	62%	14	78%	7	88%
Retaliation/negative outcomes as a result of making a complaint	5	39%	4	22%	1	13%
Total	13	100%	18	100%	8	100%

Corporate Services	No.	%	No.	%	No.	%
Administrative actions of a hospital/health service	6	26%	1	9%	0	0%
Records management	2	9%	2	18%	1	20%
Catering	1	4%	1	9%	0	0%
Physical surroundings/environment	6	26%	2	18%	0	0%
Security	6	26%	3	27%	4	80%
Cleaning/maintenance	2	9%	2	18%	0	0%
Total	23	100%	11	100%	5	100%

Costs	No.	%	No.	%	No.	%
Inadequate information about costs	8	29%	2	20%	4	20%
Unsatisfactory billing process	3	11%	1	10%	6	30%
Amount charged	13	46%	4	40%	8	40%
Over-servicing	1	4%	1	10%	1	5%
Private health insurance and claim handling	2	7%	0	0%	0	0%
Lost property	1	4%	0	0%	1	5%
Responsibility for costs and resourcing	0	0%	2	20%	0	0%
Total	28	100%	10	100%	20	100%

5.7 COVID-19 complaint definitions

5.7.1 COVID-19 health, disability and mental health complaint issue definitions

COVID-19 Issue Type	Definition
Attitude/manner	Provider's manner is rude; discourteous; negative; lacks sensitivity; or is patronising or overbearing in public or private health, disability and mental health services.
COVID-19 testing	Provider fails to notify the consumer of their COVID-19 test results in a reasonable time frame. Provider unreasonably chooses not to test a consumer who believes that they may have COVID-19 in public or private health, disability and mental health services.
Inadequate information	Provided with inaccurate/wrong information; confusing/conflicting information; or delayed information about COVID-19 from public or private health, disability and mental health services.
Infection control	Non-adherence to standard infection control measures by a practitioner of public or private health, disability and mental health services. ³ Non-adherence to social distancing requirements in public or private health, disability and mental health services, for example waiting rooms. Availability, provision and prescription of personal protective equipment within public or private health, disability and mental health services.
Isolation/quarantine	Complaints pertaining to isolation or quarantine requirements in public or private health, disability and mental health services.
Medication	Access to medication, reluctance to provide medication and the provider having limited stock due to COVID-19.
Refusal to admit/treat	Refusal to admit a consumer; refusal to treat/accept a consumer due to COVID-19 by a practitioner of public or private health, disability and mental health services. Complaints pertaining to the inability to conduct, refusal or quality of services within telehealth appointments with the consumer. Consumer's elective surgery has been delayed or cancelled.

5.7.2 COVID-19 Non-health complaint issue definitions

COVID-19 Issue Type	Definition
COVID-19 hotline	General information about COVID-19 where a referral to the COVID-19 hotline is made. Examples include, enquiries related to the National Recommendations or the State vs National COVID-19 hotline.
Infection control	Any enquiries related to infection control matters, non-adherence to social distancing requirements in public spaces and the availability, provision and prescription of personal protective equipment.
Isolation/quarantine	Any enquiries related to self-isolation or quarantine and any enquiries related to border restrictions or travel bans.
Retail/business services	Where a retail service or business is not adhering to COVID-19 restrictions.
Work place/employment	Any enquiries from employers or employees related to a person's workplace and COVID-19, along with enquiries related to the National Recommendations.

³ Australian Guidelines for the Prevention and Control of Infection in Healthcare, Canberra: National Health and Medical Research Council (2019), p. 18.



Health and Disability Services
Complaints Office (HaDSCO)

Complaints and enquiries line: (08) 6551 7600

Administration: (08) 6551 7620

Freecall: 1800 813 583 (free from landlines)

National Relay Service: relayservice.gov.au or 1800 555 660

Interpreter Service: tisonational.gov.au or 131 450

Email: mail@hadsco.wa.gov.au

Website: www.hadsco.wa.gov.au

Postal address: PO Box B61, Perth WA 6838

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